BRAVO ALL-STARS

RELEASE FORM

Release of liability for minor participants
Please read before signing

In consideration of my minor child/ward ("my child") being allowed to participate in any way in that Bravo All Stars program, related events and activities, the undersigned acknowledges appreciates and agrees **t**hat**.**

The Risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist AND FOR MYSELF, MY SPOUSE, AND MY CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation.

AND I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual, significant concern in my child's readiness for participation and or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately.

AND for myself, my spouse, my child and on behalf of my / our heirs, assigns, personal representatives and next of kin herby release BRAVO ALL-STARS, CAMPS, CLINICS, its OFFICERS, OFFICIALS, AGENTS, and/or EMPLOYEES, other participants, sponsoring agencies, sponsors, advertisers and if applicable owners and lessons of premises used to conduct the event ("releases"), with respect to any and all injury, disability, death or loss or damage to person or property incident to my child's involvement or participation in these programs. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by the law,

AND I, or myself, my spouse, my child and on behalf of my / our heirs assigns, personal representatives and next of kin, HEREBY AND HOLD HARMLESS all the above releases from any and all liabilities incident to my involvement or participation on these programs, EVEN IF ARISING FROM THEIR NEGLILENCE, to the fullest extent permitted by law.

Parent/Guardian Signature Print Name Date Phone #

UNDERSTANING OF RISK
I UNDERSTAND THE SERIOUSNESS OF THE RISKES INVOLVED IN PARTICIPATION IN THIS PROGRAM, MY PERSONAL RESPONSIBILITIES FOR ADHERING TO RULES AND REGULATIONS, AND ACCEPT THEM AS A PARTICIPANT.
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature Print Name Date Phone #

Child's Name: _____

Date of Birth: _____

Address (City/State/Zip):_____

Parents Name: _____

Parents work#:_____

Parents Email: _____