



Release of Liability for Minor Participants
Permission and Medical Release Form

I understand that there are risks associated with my child's participation in the training program provided by Lumen Athletics, LLC. **Understanding such risks, I specifically represent, acknowledge, and agree as follows:**

1. I am the parent or guardian with full authority to make legal decisions on behalf of my child; and the risk of injury to my child from the activities involved in Lumen Athletics, LLC's program is significant, including potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury, disability, and death does exist; and FOR MYSELF, MY SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and I willingly agree to comply and agree on behalf of my child that my child will comply with the program's conditions and expectations 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 to Lumen Athletics, LLC; and I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE Lumen Athletics, LLC and its members, officers, directors, agents, guests, program coordinators, and/or employees, other participants, and owner and lessors of the premises used to conduct the program ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident ARISING FROM OR IN ANY WAY RELATED TO MY CHILD'S PARTICIPATION IN THE LUMEN ATHLETICS LLC'S PROGRAM, INCLUDING THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in this program, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law; and permission is given to any available physician, nurse, or member of hospital medical staff to perform emergency treatment and procedure(s) for my child as such treatment or procedure is deemed necessary in their judgment, and to continue treatment and procedures until such time as the undersigned shall dismiss him/her or engage another physician. This permission includes admission to the local hospital if the attending physician deems it necessary.

2. USE OF NAME AND LIKENESS. I hereby grant LUMEN ATHLETICS the right and permission to use in perpetuity, my name, likeness, image, voice, recorded voice, appearance, biographical information, statements, performance and/or testimonial(s) (collectively, "Appearance") in any manner and in any media, now known or later developed, throughout the world, at any time, for the purpose of advertising and publicizing the Lumen Athletics products and services, without review, permission or compensation of any amount or kind whatsoever. Lumen Athletics shall have complete ownership of any recording, product, copy, presentation or other file containing or featuring my Appearance ("Product"), including copyright interests, and I acknowledge I have no interest or ownership in the Product (or any portion thereof) or its copyright. This grant includes without limitation the right for Lumen Athletics to edit, abridge, augment, title, or create a compilation from my appearance in whole or part as Lumen Athletics may elect in its sole discretion.

In case of emergency, I can be contacted by calling:

Home Phone

Cell phone

Comments or information we should be aware of (medical problems, allergies, medications, etc....)

Athlete's Name: _____

Athlete Signature/Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature

Date

Relationship