

RedZone Elite Liability Release Form

Must be signed by Parent, Guardian or Player (18 years of age or older) prior to participation.

I hereby release, indemnify and hold harmless REDZONE ELITE, LLC including its owners, employees, volunteer workers, site, site staff, the City where the camp is to be held, and any and all other participating entities and agents and assigns, from any and all liability, damage, and claim of any nature whatsoever arising out of or in any way related to my/my child's participation in the REDZONE ELITE, LLC camp and all activities included therein. I understand that any REDZONE ELITE, LLC participant who, in the sole discretion of REDZONE ELITE, LLC does not abide by the rules, regulations and policies established by REDZONE ELITE, LLC shall be subject to dismissal without reimbursement or recourse. Participating in any activity is an acceptance of some risk of injury. Despite precautions, accidents & injuries may occur and personal injury and/or loss or damage to personal property may occur as a result of participation in this camp. Therefore, I assume all risks and liabilities related to the activities of this camp and my/my child's participation in the camp. Should it be necessary for my child to have medical treatment while participating in the camp. I do herby authorize a representative of REDZONE ELITE, LLC to consent to any medical treatment or care deemed reasonably necessary by medical personnel, and I further agree that I will be personally responsible for any costs associated with any and all medical treatment so rendered, and I will indemnify REDZONE ELITE, LLC from any and all claims made for any such treatment rendered. I understand and agree that REDZONE ELITE, LLC maintains the right to use photographs of any and/or all participants for publicity and advertisement purposes without compensation to any individual so depicted. By executing this document, I agree that I have read and understand the terms herein and further agree that I have freely and voluntarily executed this agreement with full knowledge of its force and effect. I expressly agree that this agreement shall be construed and enforced in accordance with the laws of the State of California, and I consent to the jurisdiction of said State. Any dispute, claim or controversy arising out of or relating to this agreement or the breach, termination, enforcement, interpretation or validity thereof, including the determination of the scope or applicability of this agreement to arbitrate, shall be determined by arbitration in the County of Orange before a single arbitrator. The arbitration shall be administered by Judicial Arbitration and Mediation Services ("JAMS") pursuant to its Streamlined Arbitration Rules & Procedures. The arbitrator may allocate all or part of the costs of the arbitration, including the fees of the arbitrator and the reasonable attorneys' fees of the prevailing party.

By signing my full name in the following area, I am representing that I have completely read and fully understand the above Liability Release and agree with the terms Stated in that release.

Athlete		Age	HT	WT	
First Athlete Phone	Last	Athlete Email			
School	_Grade	Offense Position	Defens	Defense Position	
Address		City	State	Zip	
Heath Insurance Provider		Policy #	olicy # Group#		
Medical Conditions					
Parent or Guardian Name (Print)					
Parent or Guardian Signature			Date		
Parent Phone		Parent Email			
Emergency Contact Name		Phone	Relat	ionship	