**ASSUMPTION OF RISK, WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT**

I am the parent and/or legally authorized guardian of the child participating in the Strength Camp (the “Camp”). On behalf of myself, my spouse, my child/ward (the “Participant”), and my/our heirs, personal representatives, and assigns, I understand and agree to the following:

1. Assumption of Risks: that participation in the Strength Camp and related travel, events and activities (the “Activity”) is entirely voluntary and that participation in the Activity involves risks of injury due to certain inherent dangers that cannot be eliminated regardless of the care taken to avoid them. These injuries include, but are not limited to: physical contact with other individuals; contact with the ground, surfaces, fixtures, and equipment; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific injury risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint injuries, back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I agree, on behalf of the Participant, to assume these risks. I understand that if I or the Participant have questions about possible hazards, it is our responsibilities to seek additional information from the Weight Room staff prior to signing this Agreement. I also understand that, despite safety precautions, the Weight Room Staff cannot guarantee that the Participant will not be injured

2. Waiver, Release and Hold Harmless: that in consideration for allowing the Participant to participate in the Activity, I agree not to sue and I hereby release, waive, discharge, hold harmless, indemnify, and defend the Weight Room, its employees, staff, volunteers, agents, directors, affiliates, sponsors, representatives, and St. Edward High School from any and all liability, losses, damages, claims, actions, and causes of action of every nature for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, property damage, or other loss relating in any way to the Participants’ involvement in the Camp.

3. Medical Release and Authorization: that I am unaware of any health issue or restriction that would affect the Participant’s involvement in the Activity. The Participant has had a recent medical evaluation and is fully fit for the Activity. In the event of an emergency, I authorize the Camp to act for me in its best judgment in rendering any medical attention to the Participant. I further understand that I will be responsible for any medical expenses relating to the Participant’s involvement in the Activity.

4. Arbitration and Jurisdiction: this Assumption of Risk, Waiver, Release, and Hold Harmless Agreement shall be construed under and governed by the laws of the State of Ohio without regard to its choice of law rules. Any dispute arising out of or related to this agreement shall be resolved through binding arbitration. Such arbitration shall take place exclusively in Cuyahoga County, Ohio, the exclusive jurisdiction and venue of which is agreed. The prevailing party in any arbitration shall be entitled to recover its reasonable attorney’s fees and costs.

5. Disclosing of Health Risk: In the event the participant has a genetic predisposition of health risk or orthopedic injury. Example: (Broken bones, Asthma, Type 1 Diabetes, Sickle Cell Trait and the like.) Has been shared with the Sport Performance Director below. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**By signing below, I represent that I have read, understand and agree to the terms outlined above. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM WAIVING CERTAIN LEGAL RIGHTS, AND DO SO VOLUNTARILY.**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Info and Emergency Card**

**Athlete Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Athlete Grade & Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Athlete Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Athlete Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**