

MEDICAL RELEASE WAIVER OF LIABILITY

In consideration of my participation in this DeLuca's Training Systems Sports Performance Program, SPARQ Training or any other DeLuca's Training Camp, I acknowledge that I understand the nature of the activity, and that I (participant/parent and/or my minor child), am qualified, in good health, and in proper physical condition to participate in such activity according to our family physician. In the event that I, and/or my minor child is injured or becomes ill, I hereby grant my permission on our family's behalf, in case of emergency, for the DeLuca's Training personnel to provide or seek medical assistance as may be deemed necessary under the then-existing circumstances. Further, I understand that my, and/or my minor child's participation in camp activities is done at our own risk. I acknowledge that the staff, management, volunteers, family members, and employees of DeLuca's are not responsible for any personal injury, bodily injury, illness or property lost, damaged, or stolen that may occur to individuals participating in any DeLuca's camp, program, or activity, and accordingly, will not file legal action against the camp staff, management, volunteers, family members, and employees of DeLuca's Training Systems.

I have read this liability form and have been given sufficient time to review it and ask whatever questions I have relating to it. I fully understand the benefits and risks involved and understand that, regardless of the care taken by the DeLuca's Training personnel, they cannot guarantee the personal safety of the participant. For example, when one induces cardiovascular stress through activity, injuries can range from occasional minor injury (e.g., pulled muscles, muscular soreness) to infrequent serious injury (e.g., heart attack, stroke, or other cardiovascular incidents) to the very rare catastrophic event (e.g., paralysis, death). Likewise, we know and understand that engaging in muscular fitness (strength, power, or endurance), aerobic, anaerobic, and other fitness activities occasionally results in minor injuries (e.g., bruises, musculoskeletal strains and sprains), infrequently, more serious injuries (e.g., muscle tears, herniated disks, torn rotator cuffs), and very rarely catastrophic injury (e.g., paralysis, death). We (participant/parent and/or minor child) realize that when participating in any exercises or conditioning activity, there is always a possibility of minor injuries as well as a slight possibility of major injuries or catastrophic injury/death. I acknowledge that signature of this agreement also warrants that participation is voluntary and that I have read and understand the inherent risks involved in the activities to be performed.

In considerations of your accepting this application, I hereby sign over my rights to be video-taped and/or photographed and/or interviewed to the camp or program director and/or his designee(s). These materials will remain the property of DeLuca's Training Systems and may be used in publications and marketing campaigns. I am fully aware that I will receive no royalties and/or compensation for resale/use of the videotapes, photographs, and/or interviews. I hereby state that all the information asked for in this registration and release form is true and valid.

Printed name of participant
Signature of participant (if over 18 years of age)
Printed name of parent/legal guardian (if applicant under 18 years)
Signature of parent/legal guardian (if applicant under 18 years)

