



GAME TIME PERFORMANCE

Participant's Name: _____
Email Address: _____
Address: _____

Cell Phone Number: _____
Home Phone Number: _____
Parent's Names: _____

REVIEW AND INITIAL: _____ I understand GTP holds a 24 hour cancellation policy for lessons, group/team training, camps, clinics and classes. _____ Participant will wear a batting helmet when in the cages. _____ I DO NOT Authorize Photo Release	HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Twitter <input type="checkbox"/> Other <input type="checkbox"/> League/Clinic <input type="checkbox"/> Friend/Referral: _____
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WAIVER AND CONSENT FORM

As the parent or legal guardian of the child named on account, I hereby give my full consent and approval for my child to participate as a team member/participant in the sport or training offered by Game Time Performance, LLC. I understand that there are certain risks of injury inherent in the practice and play of this sport/training as well in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport/training offered by Game Time Performance, LLC., and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in activities.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Game Time Performance, LLC., Team85 Fitness & Wellness, LLC., its officers, employees, partners, owners, sponsors, supervisors, affiliates, agents and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport/training and activities incidental thereto, whether the result of negligence or any other cause.

a. Finally, I have been advised by signing this form that Game Time Performance, LLC., is not an employee, associate, agent affiliate, representative, owner, officer, assignee or any other relationship with Team85 Fitness & Wellness, LLC., except for a license to use Team85 Fitness & Wellness, LLC., facilities. I understand that Team85 Fitness & Wellness, LLC., has no control, agency or ownership in Game Time Performance, LLC., and at no time will be subject to a lawsuit or litigation as a result of actions or negligence associated with Game Time Performance, LLC. I do hereby waive, release and hold harmless Team85 Fitness & Wellness, LLC., its officers, employees, partners, owners, sponsors, supervisors, affiliates, agents and representatives from any action, breach or negligence in tort or contract of Game Time Performance, LLC., and incidental to my minor child and I's relationship with Game Time Performance, LLC., for any reason whatsoever.

List any physical limitations (allergies, hearing, sight, etc.) _____

PHOTO RELEASE

I hereby authorize Game Time Performance, LLC., hereafter referred to as "Company," to publish photographs taken of me while on Company premises/locations, and my name and likeness, for use in the Game Time Performance, LLC., print, online and video-based materials, as well as other Company publications.

I hereby release and hold harmless Game Time Performance, LLC., from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation on Company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Game Time Performance, LLC., its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by mine or any third party in connection with my participation.

X _____
Name of ATHLETE

Date of Birth

X _____
Parent/Guardian Signature

Date

Name of Team/Sponsoring Organization