



**Extreme Speed Training**

www.extremespeedtraining.com

## AUTHORIZATION FOR TREATMENT

I/We \_\_\_\_\_, the parent of \_\_\_\_\_ athlete, hereby give approval of the designated athlete above to fully participate in all activities during the Extreme Speed training camp. It is understood that there are certain risks of injury inherent in this training, including but not limited to: muscle sprains, fractures, head trauma and paralysis. I/We are willing to assume all risks during this training. I/We certify that the above athlete is fully capable of participating in the training and he/she is healthy, have no medical restrictions, and can fully participate in all activities relating to the training. In addition to acknowledging full consent of your student/athlete in training, my signature does hereby waive, release and hold harmless Extreme Speed Training and its trainers, for any injuries that may occur in the course of any training session or camp.

Parent/Guardian: (Print Name) \_\_\_\_\_

Signature: \_\_\_\_\_ Physician: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Please list all medications that you currently are currently taking below: (If applicable)

\_\_\_\_\_

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## AUTHORIZATION FOR MARKETING PROMOTIONS

Extreme Speed will be creating a variety of different marketing campaigns, including media coverage of our individual, training and summer camps. We would love the opportunity to include your child/athlete in some of our marketing material. By signing the line below, you are giving consent to use any coverage of your child athlete in our promotional material in any future campaigns.

Signature Approval: \_\_\_\_\_ Date: \_\_\_\_\_