

TITAN YOUTH SPORTS WAIVER/RELEASE FORM

ATHLETE'S FULL NAME: _____

Titan Sports will assume no liability for injury or damages arising from the results of the registering/registered Athlete's participation unless due to the willful misconduct or gross negligence on the part of the Midwest Trailblazers, its Board of Directors, affiliates, partners, agents, volunteers, or authorized persons (collectively, the "Titans").

RISKS

I understand that a physician's examination is not required for registration. However, due to the strenuous nature of the Titans activities and program, it is highly advisable that the registering/registered Athlete and parents/guardian consult with a physician before participation.

MEDICAL WAIVER AND TREATMENT CONSENT

In consideration of my engagement or my child's involvement with the Titan Sports, I hereby release, discharge and covenant not to sue Titan Sports, from any and all present and future claims or causes of action resulting from any accidents, injuries, deaths, or loss of and/or damage to my/our person(s) or property arising out of or connected with my or my/our child's participation in Titan Sports activity(ies).

In the event that my child becomes ill or is injured, I hereby authorize and give my consent to whatever medical care and/or services deemed necessary under the circumstances. I agree to be financially responsible for the cost of such assistance and/or treatment. I understand that the program will attempt to notify me as soon as possible. I hereby authorize emergency transportation of my child, the registering/registered above named Athlete; to a medical treatment facility should Titan Sports consider it to be warranted.

PHOTO WAIVER AND RELEASE

I hereby grant authorization to Titan Sports to use, copyright, and/or publish photographs/digital images of myself, my child, or the program participant(s) in materials promoting Titan Sports, including but not limited to Titan Sports mobile site & social media. It is my/our understanding that such pictures are for publicity and promotional purposes.

I understand that web pages, like newspapers, are made available to the public. I realize that it is impossible for Titan Sports to control all access to its website, and I will not hold Titan Sports liable or responsible for unauthorized access or use of my child's image.

INSURANCE RESPONSIBILITY

Titan Sports will not provide medical insurance. The participant must obtain any insurance protection.

TRANSPORTATION RELEASE

I consent to having the registering/registered above named Athlete ride in personal vehicles of Titan Sports or the organization’s vehicles. I will not hold Titan Sports or its staff, coaches, or volunteers responsible or liable for any accidents or injuries that may occur while traveling.

I warrant and represent that I am the father/mother/guardian of the registering/registered athlete. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents and consequences of it. This release shall be binding upon me and my heirs, legal representatives, and assigns. I hereby approve of the participation of my child, the registering/registered Athlete, in the Trailblazers’ program and activities

REFUND POLICY : Request must be made prior to start of session game schedule. Please email

Spring/Summer Program Refund Policy:

- No requests for refunds will be accepted after session start except by a vote of the Board of Directors of the Trailblazers.

Fall Program –Refund Policy:

- No requests for refunds will be accepted after session start, except by a vote of the Board of Directors of the Trailblazers.

Winter Program –Refund Policy:

- No requests for refunds will be accepted after session start, except by a vote of the Board of Directors of the Trailblazers.

I represent that I am the father/mother/legal guardian of _____, the player named above. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents and consequences of it. This release shall be binding upon me and my heirs, legal representatives, and assignees. I hereby approve of the participation of my child, the above named Athlete, in Titan Sports program and activities.

Parent/Guardian’s Printed Name

Parent/Guardian’s Signature & Date

Parent/Guardian’s Printed Name

Parent/Guardian’s Signature & Date