

**T2, Indiana, Inc. Medical Release and Liability Waiver**

**Member Name** \_\_\_\_\_

**Date** \_\_\_/\_\_\_/\_\_\_

**PARENTAL CONSENT**

This medical release form must be signed by a parent or legal guardian for EACH athlete. If the athlete is 18 years of age or older, the athlete must also sign the form.

**RELEASE AND WAIVER OF CLAIMS**

I am aware that participation in athletic events, training and exercise programs is a hazardous activity. I am voluntarily participating in these activities with T2, Indiana, Inc. with knowledge of the danger involved and hereby agree to accept any and all risk of property damage or personal injury.

In consideration of my participation, I hereby release T2 Indiana, Inc. and any of its instructors, independent contractors, agents, officers, employees and directors from any present or future claims, including negligence for property damage or personal injury arising from my participation in athletic training, exercises and physical activities sponsored by, conducted by or at facilities operated by T2 Indiana, Inc.

I understand that participation in activities with T2 Indiana, Inc. involve certain risks, including, but not limited to, travel to and from site of the activity, severe physical contact and the possible reckless conduct of the other participants. These risks also include, but are not limited to, injury to bones, joints, muscles, and internal organs. I further understand that physical exercise and activity involves a particularly high risk of knee, alone/back, head and neck injury. I further understand that any equipment provided for my uses or protection may be inadequate to prevent serious injury. I further understand that communicable diseases may be contracted due to training with others.

I have read this form and fully understand that by signing this form I am giving up legal rights and or remedies which may be available to me.

\_\_\_\_\_  
**Participant Signature (if over the age of 18)**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Athlete Email**

\_\_\_\_\_  
**Parent Email**

Medical conditions that coaches need to be aware of (diabetes, asthma, allergies, previous injuries, disabilities, or medications):

\_\_\_\_\_

If parents are not available, please call the person designated below:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_