



I understand that in sports training, there is always a risk of permanent or partial injury and/or disability. I hereby waive and release Diamond Directors and L.E.AD., their sponsors, instructors, and all participants directing their programs, from any liability for injuries the athlete might incur while participating in these programs, or traveling to or from training sessions. I certify by my signature below, that I know of no mental or physical problems that might affect the athlete's ability to safely participate in the programs offered by the Directors and L.E.AD. I further agree to be solely responsible for any medical or related expenses arising from the athlete's participation and/or attendance in the programs offered by Directors and L.E.AD. I hereby authorize the instructors and/or management of the Directors and L.E.AD. to act for me, in my absence, according to their best judgment, in any emergency requiring medical attention.

I understand and agree that the Directors and L.E.AD., its directors and instructors will not be held responsible for the loss of any personal property sustained during the athlete's attendance at any of its training programs.

I understand that Directors and L.E.AD. is not providing insurance for this camp/clinic and I certify that all information concerning my child's insurance policy is factual and true.

No player will be allowed to participate without this form being completed and returned.

Parent/Guardian Name (*print*)

Parent/Guardian Signature

Date

Emergency Contact

Phone

Medical Insurance Carrier

Policy number