

Legacy Youth Sports & Fitness Photo Release

I hereby give my consent for Legacy Sports & Youth Fitness to use any photos/videos of myself and/or minor child, in future Legacy Sports & Youth Fitness or School District brochures, flyers, websites, photos and videos of its programs and their participants, which may be used for promotional and instructional purposes. Furthermore, I understand that all such photos/videos remain the property of Legacy Sports & Youth Fitness.

Photo Release Agreement *

By selecting the following checkbox, I am indicating that I have read the above document, I understand it completely, and I agree to the policies outlined above. This serves as my electronic signature.

Child Participant

Date: _____

Parent/Guardian

Date: _____

Legacy Youth Sports Waiver

I affirm that the participant ("Child") has my consent to participate in any program(s) offered by Legacy Youth Sports & Fitness. I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child or I may sustain as a result of said participation. I understand that there is an element of risk inherent in youth sports and fitness, and as parent/legal guardian of the Child, I take full responsibility for his/her actions and physical condition. Furthermore, I understand that certain risks, dangers, and injuries due to things such as inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defect, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to youth sports or fitness programs exist. Therefore, it is recognized that it is impossible for Legacy Sports & Youth Fitness to guarantee absolute safety. I release and agree to indemnify and hold harmless Legacy Sports & Youth Fitness and its representatives, volunteers, agents, and School District in which program is being held, from all claims or liability for loss, damages and/or injuries, to the named participant and/or any third parties person or property; caused by and resulting from any causes whatsoever.

Waiver Agreement *

By selecting the following checkbox, I am indicating that I have read the above document, I understand it completely, and I agree to the policies and waiver outlined above. This serves as my electronic signature.

Child Participant

Date: _____

Parent/Guardian

Date: _____