



# STUDENT WAIVER

Please complete and return to Dakota Spirit

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check amount: \_\_\_\_\_ Number: \_\_\_\_\_

YOU MUST INCLUDE PAYMENT WITH FORM

## STUDENT INFORMATION

Family Doctor's Name \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_ Allergies \_\_\_\_\_

Please list all current & previous illness or injuries: \_\_\_\_\_

Current or past medical history: \_\_\_\_\_

- I, \_\_\_\_\_, legal guardian/parent fully understand that I am responsible for payment of expenses incurred relating to my child's medical treatment as a participant in the activities of Dakota Spirit, LLC.
- I certify that Minor is physically capable and has no previous injuries that will affect participation in Dakota Spirit, LLC.
- I hereby have been forewarned that participation in Dakota Spirit has the following non-exhaustive list of particular risks and injuries including but not limited to: sprains, strains, abrasions, dislocations, fractures, concussion, contusions, blisters, head and neck injuries, illness, and possible death.
- Having been forewarned, I assume all risk and full responsibility in connection with Dakota Spirit and hereby release all instructors, staff, volunteers, practice and performance facilities, and others involved with Dakota Spirit from any injury that may befall my child. I am willing to accept these risks to participants of Dakota Spirit.
- I understand that Dakota Spirit strives to provide the maximum in safety precaution & student training.
- I give permission for any medical treatment necessary in the event of illness or injury at any event we participate in with Dakota Spirit. This includes emergency transportation.
- I fully accept and assume all risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.
- I the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity
- I hereby release, discharge, and covenant not to sue Dakota Spirit, LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "RELEASEES" herein, from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of, but not limited to, administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.
- I grant permission for my child to be photographed, videotaped, or interviewed for the website, publications or press.

Signature of Parent/or Legal Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

EMERGENCY CONTACT: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

\*This Waiver is enforced for the following: Friday Night Lights/open Gyms, Individual Lessons, Group Lessons, Classes, and Team Participation.