The Summit
A Performance Enhancement Program

REGISTRATION INFORMATION

For Office Use Only
Cash ❑ Check # _____
Payment Amount: _____
Payment Date: _____

Date: _____

Child's Full Legal Name: _____
First Middle Last

Date of Birth: _____/_____/_____ Age: _____ Sex: ❑ Male ❑ Female

Child's Address: _____
Street (number and name) (apt.#) City State Zip

Home Phone: _____

School: _____ Grade: _____

Father's Full Name: _____

Address: _____

Employer: _____ Phone: _____

Mother's Full Name: _____

Address: _____

Employer: _____

In case of emergency, give name of person to contact if parent cannot be reached:

Name: _____ Phone: _____

Relationship to athlete/child: _____

	Sport #1	Sport #2	Sport #3	Sport #4
Sport				
Team				
Coach				
Position				

CONSENT TO PHOTOGRAPH / VIDEO TAPE AND RELEASE

I understand Hammond-Henry Hospital may use photographs, videotapes or recording, along with my name, for educational, promotional, and advertising purposes. I waive any claim or right to any payments or royalties in connection with these recordings regardless of whether they are used for commercial, institutional, private sponsorship or other purposes and regardless of whether a fee or admission is received by Hammond-Henry Hospital.

I understand the recording may be modified, retouched or enhanced for artistic purpose to withhold my identity or for other graphic production purposes, which may not be within Hammond-Henry Hospital's control.

_____ _____
Participant's Signature (18 Years or Older, or Parent/Guardian) Date

THE SUMMIT PROGRAM WAIVER & RELEASE
IMPORTANT INFORMATION

Hammond-Henry Hospital is committed to conducting its sports enhancement programs and activities in a safe manner and holds the safety of participants in high regard. Hammond-Henry Hospital continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in a sport enhancement program.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the strenuous activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffers from an underlying medical condition, takes medication, smokes cigarettes, has a family history of coronary disease, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any strenuous activity.

WARNING OF RISK

Sport enhancement activities such as passive/resistive weight training, use of stair machines, treadmill jogging, free weights, and other training devices are intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice and conditioning, certain risks, dangers and injuries due to overexertion, improper technique, ignoring safety equipment failure, failure in supervision/instruction, premises defects and other risks inherent to the particular activity exist. In this regard, it is impossible for Hammond-Henry Hospital to guarantee absolute safety.

Dependent upon a person's physical condition, age and/or skill level, sport enhancement and fitness activities can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones:

- Heart attack, stroke
- Muscle strains
- Joint sprains
- Overuse injuries
- Fractures, contusions from falls

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability, and be waiving and releasing all claims for injuries, damages or loss which you are your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against Hammond-Henry Hospital, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

_____ _____

Participant's Signature (18 Years or older or Parent/Guardian) Date

PARTICIPATION WILL BE DENIED
If the signature of adult or parent/guardian and date are not on this waiver.