

# THE CLUBHOUSE

2215 Black Rock Turnpike, Fairfield, CT 06824

## Client Information & Clinic Waiver

Name of Student:		
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Primary Position Played:	Secondary Position Played:	
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Name of Parent/Guardian:		
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Address:		
<hr/>		
City:	State:	Zip Code:
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Contact (Office)	Contact (Home)	
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Contact (Mobile 1)	Contact (Mobile 2)	
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E-mail Address:	Referred By:	
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League:	Coach:	
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Clinic Name:	Clinic Dates/Times:	
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Cancellations Policy – Notice of cancellation must be received a minimum of 24 hours prior to scheduled clinic and in writing at: [mporzio@fundamentalsplus.com](mailto:mporzio@fundamentalsplus.com).

### **TERMS OF PARTICIPATION, PARENTS'/GUARDIANS' RESPONSIBILITIES RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

In consideration of being allowed to participate in any workout or other activity ("Clinic") organized by The Clubhouse or any of its officers, directors, employees, instructors, independent contractors, sponsors or agents, the undersigned player ("Player") and/or parent(s) or legal guardian(s) of Player agree to assume all risks arising from or incidental to such participation (including, without limitation, injury, death, or loss to person or property).

Each of the undersigned hereby agrees to release and forever discharge The Clubhouse or any of its employees, instructors, independent contractors, sponsors or agents from any and all liabilities, claims, actions, demands, damages, costs or expenses of any nature whatsoever, whether in law or equity, known or unknown, that any of the undersigned ever had, now has or hereafter can, shall or may have against The Clubhouse, its officers, directors, employees, instructors, independent contractors, sponsors or agents arising out of or in any way related, directly or indirectly, to Player's participation in such Clinic.

Each of the undersigned parent(s) or guardian(s) of Player hereby agrees to indemnify and hold harmless The Clubhouse from and against any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever, whether in law or equity, known or unknown, incurred by The Clubhouse, its officers, directors, employees, instructors, independent contractors, sponsors or agents and arising out of or in any way related, directly or indirectly, to Player's participation in such Clinic. Each of the undersigned parent(s) or guardian(s) of Player hereby ratifies Player's execution of this waiver and release form.

MEDICAL CONSENT: I am unaware of any health-related reasons which preclude or restrict Participant's participation in the Activity. I hereby authorize the staff of The Clubhouse Staff to act for me according to their best judgment in any emergency in which Participant requires medical attention.

CHOICE OF LAW/SEVERABILITY: I agree that this agreement shall be construed in accordance with the law of the State of Connecticut and is intended to be as broad and inclusive as permitted by such law. I further agree that if any portion hereof is held invalid, the balance shall, notwithstanding, continue in full force and effect.

By affixing their signature(s) hereto, each of the Player, his/her parent(s) or legal (guardian(s) (where applicable) agree that they have carefully read and fully understand this Liability Waiver and Release, and they are voluntarily executing same. Each of the Player, his/her parent(s) or legal guardian(s) (where applicable) understand clearly that by signing this Liability Waiver and Release, each of them will be forever prevented from suing or otherwise claiming against The Clubhouse, its officers, directors, employees, instructors, independent contractors, sponsors or agents for any loss or damage connected with any property loss or personal injury sustained by the Player, his/her parent(s) or legal guardian(s), including any loss or property or personal injury incurred as a result of negligence by any of The Clubhouse, its officers, directors, employees, instructors, independent contractors, sponsors, or agents.

Each of the Player, his/her parent(s) and legal guardian(s) (where applicable) acknowledge and agree that this Liability Waiver and Release continues in perpetuity, unless otherwise amended in writing by The Clubhouse, and shall apply to all subsequent Clinics undertaken by the Player, and the terms of this Liability Waiver and Release need not be brought to the attention of the Player, his/her parent(s) or legal guardian(s) (where applicable) each time the Player participates in a Clinic.

At least one parent or guardian of Player must sign this form if Player is under the age of 21, as a condition of the Player's participation in any Clinic.

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Athlete Name (printed):

Parent/Guardian Signature:

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Athlete Signature (if over 21):

Parent/Guardian Name (printed):

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Date:

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Player's Date of Birth: