



Please print out form and bring to first clinic session

Participant's Name: _____ Birth Date: _____

Parent's Name: _____ Address: _____ City/Zip: _____/_____

H. Phone: _____ W. Phone _____ Pgr./Cell #: _____

E-mail: _____ Fax #: _____

Does participant have any medical conditions or disabilities? (E.g. bee stings, allergies, takes medication)

If yes, please describe: _____

How did you hear about us? __Store __Ad __ News Ad __ League Publicity __Mailer _____ Referral (please specify)

General Release & Liability Waiver

In conjunction with participation in the Progressive Development Inc. camps, clinics and lessons, the undersigned, on his/her own behalf or as parent/legal guardian of the participant, acknowledges and understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, as well as potential economic losses, which could result from his/her own actions, inactions or negligence; the actions, inactions or negligence of others; the conditions or the premises; or the equipment used. I also understand and acknowledge that appropriate and proper physical contact for purposes of teaching a particular movement during the activities is a natural part of the learning process.

In consideration for the opportunity to participate in the programs and activities of Progressive Development, the undersigned, on his/her own behalf or as parent/legal guardian of the participant, hereby expressly and voluntarily agrees to assume all risks, whether known or unknown, of participation in such programs or activities. The undersigned, on his/her own behalf or as parent/legal guardian of the participant, further agrees not to sue and to hold harmless and forever release, waive, and discharge Progressive Development, their respective heirs, administrators, executors, successors, assigns, directors, employees, agents, independent contractors, and advertisers, and if applicable, the owners, lessors, and lessees of the premises used to conduct such programs and activities, from any and all liabilities, claims, demands, losses, and causes of action that the participant and his/her parents, heirs, executors, administrators, successors, and assigns may have for injuries and damages arising out of participation in the programs and activities of Progressive Development whether caused, in whole or in part, by the acts, omissions, or negligence of the releasees or otherwise. In case of emergency, I agree on my own behalf or as parent/legal guardian of the participant, that qualified personnel may treat the participant.

I have read, understand, and acknowledge the Progressive Development cancellation and refund policy. I also understand and acknowledge that Progressive Development own and retain all video and photographic rights in connection with the participant's participation in all programs and activities.

I HAVE READ THE ABOVE GENERAL RELEASE AND LIABILITY WAIVER AND UNDERSTAND THAT I FOREVER WAIVE CERTAIN RIGHTS BY SIGNING IT AND DO SO VOLUNTARILY.

Name of Participant: _____

Signature of Parent/Guardian: _____

Date: _____