



MINOR PARTICIPANT AT AWS: - CONSENT FOR MEDICAL TREATMENT AND VOLUNTARY RELEASE, ACKNOWLEDGMENT AND ACCEPTANCE OF RISKS AND INDEMNITY AGREEMENT

I, the undersigned parent or legal guardian of the named Participant, who is under 18 years of age, in consideration of the right to engage in this activity as a participant with Advocate Wellness Services (“AWS”) hereby acknowledge, agree, promise and covenant with AWS, its employees, independent contractors, successors in interest and assignees, the owner and manager of the facility at 1626 Pearl Street, Suite C, Stevens Point, Wisconsin, 54481, and all of their agents, volunteers, employees and other participants, and on behalf of myself, the Participant, our heirs, assigns, personal representatives and estate as follows:

CONSENT TO PARTICIPATE

I CONSENT to the Participant’s voluntary participation in the Activities. I give permission for the Participant to engage in activities that occur as part of Advocate Wellness Services.

ACKNOWLEDGMENT AND ACCEPTANCE OF RISKS AND RESPONSIBILITIES

I UNDERSTAND AND ACKNOWLEDGE that the Activities bear certain anticipated and unanticipated risks which could result in INJURY, DEATH, ILLNESS, DISEASE, OR PHYSICAL OR MENTAL DAMAGE to the Participant, property, spectators, or claims against me by third parties. I expressly agree to accept and assume all responsibility and risks arising from the Participant’s participation in the Activities. The Participant’s participation in this activity is purely voluntary; no one is forcing the Participant to participate in spite of the known and unknown risks.

RELEASE

I VOLUNTARILY RELEASE AND FOREVER DISCHARGE AND COVENANT NOT TO SUE all other persons or entities affiliated with AWS, from any and all liability, claims, demands, actions or right of action, which are related to, arise out of or are in any way connected with the Participant’s participation in the Activities, including but not specifically limited to any and all negligence, fault or strict liability of AWS, for any and all injury, death, illness or disease, and damage to the Participant or to any property. I AGREE, PROMISE AND COVENANT TO HOLD HARMLESS AND TO INDEMNIFY all other persons or entities affiliated with them from all defense costs, including attorney’s fees, or from any other costs incurred in connection with claims for bodily injury or property damage which the Participant may negligently or intentionally cause to spectators or third parties in the course of the Participant’s participation in the Activities.

ACKNOWLEDGMENT OF EFFECT OF THIS RELEASE AGREEMENT

I UNDERSTAND AND ACKNOWLEDGE that by signing this document I have given up certain legal rights and/or possible claims which I might otherwise assert or maintain against Sponsors and other persons or entities, including specifically, but not limited to, rights arising from or claims for the acts or omissions, fault,

negligence in any degree of Sponsors, its agents or employees, and all other persons or entities. Page 2 of 4 I UNDERSTAND AND ACKNOWLEDGE that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act.

PARTICIPANT INSURANCE BENEFITS AND REPRESENTATION OF PHYSICAL CONDITIONS

I UNDERSTAND AND ACKNOWLEDGE that no medical insurance benefits will be provided to the Participant during the Activities. I CERTIFY that the Participant has sufficient health, accident and personal liability insurance to cover any bodily injury, property damage or disablement which I may incur and to cover bodily injury or property damage caused to a third party as a result of the Participant's participation in the Activities. If the Participant has no such insurance, I certify that I am capable of personally paying for any and all such expenses or liability. I FURTHER ACKNOWLEDGE that the Participant is in good physical and mental health, and not suffering from any condition, disease or disablement which would or could potentially affect participation in the Activities.

CONSENT FOR MEDICAL TREATMENT

I HEREBY give my consent for emergency medical care provided by a Doctor of Medicine, Doctor of Dentistry or other medical or urgent care personnel. This care may be given under whatever conditions are considered necessary to preserve the life, limb or well-being of Participant.

AGREEMENT

I UNDERSTAND that this is the entire Agreement between the undersigned and Sponsor, its agents and employees, and that it cannot be modified or changed in any way by the representations or statements of Sponsors or any volunteer, employee or agent of Sponsors, or by the undersigned. This Agreement shall remain in full force and effect until specifically revoked prospectively; to be effective, such revocation must be in writing and delivered to AWS, 1626 Peal Street, Suite C, Stevens Point, Wisconsin, 54481.

MY SIGNATURE BELOW, INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND IT COMPLETELY, AND AGREE TO BE BOUND BY ITS TERMS.

PARTICIPANT NAME: _____ PARTICIPANT'S DATE OF BIRTH (MM/DD/YY): _____

TEAM/COMMUNITY FOR WHICH PARTICIPANT PLAYS: _____

➡ SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

DATE SIGNED: _____ HOME PHONE NUMBER: _____

PRINT PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CONTACT: (Someone to contact in case of injury, other than the parent or guardian signing this document.)

Full Name (first and last): _____

Phone: _____ Relationship: _____

Address: _____