

ATHLETIC INTAKE FORM AND VOLUNTARY WAIVER AND RELEASE

I desire to workout with, practice with and use the facilities of RedLine Athletics. In consideration for being allowed to workout with, practice with and use the facilities of RedLine Athletics, I acknowledge and agree that: I understand that participation in the activities involves risks of serious injury, including, but not limited to, paralysis, dismemberment, permanent disability and death, and other losses, both to my person and property. I understand that these injuries and losses can result not only from my actions, inactions or negligence, but the actions, inactions or negligence of RedLine Athletics and its owner; and other individuals working out with or practicing within the training facility. I also understand that these injuries and losses can result from the condition of the facilities and the equipment used. Additionally, I understand that these injuries and losses can result from not being in proper physical condition to undertake the activities. I assume all risk in any way connected with my participation in the training session, and I accept personal responsibility for any injury or loss in any way connected with my participation in the workout sessions. I also assume my own responsibility for being in the proper physical condition to undertake the activities.

I WAIVE, RELEASE, HOLD HARMLESS, AND PROMISE NOT TO FILE SUIT AGAINST RedLine Athletics, its owners, directors, employees for any injury, paralysis, dismemberment, disability, death and/or loss or damage in any way connected with my participation in training sessions associated with RedLine Athletics, whether or not caused in whole or part by the actions, inactions or negligence of RedLine Athletics and the owners of the training facilities. This voluntary waiver and release from liability shall also apply to any relative, personal representatives, heirs, beneficiaries, executor, next of kin or assigns who might pursue legal action or claim on my or the athletes behalf that arises or may arise as a result of my participation in the training sessions.

This voluntary waiver and release from liability agreement is to be interpreted consistent with the laws of this State.

I have read this voluntary waiver and release from liability agreement. I understand that I have given up substantial rights by signing it and I am signing this waiver and release from liability agreement voluntarily for myself and my children.

Parent / Guardian Print Name

Parent / Guardian Signature

Date

Athlete Information

Athlete Name: _____ Date of Birth: _____ / _____ / _____
 Parent Name: _____ Address: _____
 Parent Email: _____ City: _____
 Alternate Email: _____ State: _____
 Home Phone: _____ Zip: _____
 Cell Phone _____ Work Phone: _____

Emergency Contact Information (other than a parent listed above)

Name: _____ Relationship: _____
 Phone: _____ Email: _____
 Primary Physician: _____ Phone: _____

To ensure a safe and fun workout experience, please provide some additional information regarding your athlete. Check all that apply:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sprains |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Thyroid Issues |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High/Low blood pressure | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Immune system deficiencies | |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Infections | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pain (joint, muscle, disc, nerve) | |

Please provide any information regarding any previous injuries and surgeries:

Please provide any information regarding allergies or reactions to medications or substances:

Standard Medical Release

I hereby give my consent to RedLine Athletics to provide emergency care and to give authority to any hospital or doctor to render immediate aide as might be required for his or her health and safety

Social Media Release

This form confirms the agreement between you and RedLine Athletics Franchising LLC regarding your participation in RedLine Athletics activities and exercises in which you may be photographed or videotaped (the Property) from time to time.

I, hereby irrevocably grant to RedLine Athletics Franchising LLC perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, DVD, social media, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of me as a result of my participation in approved activities for RedLine Athletics.

I hereby agree that I will not bring or consent to others bringing claim or action against RedLine Athletics on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on me, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. I hereby **release** RedLine Athletics Franchising LLC, its directors, officers, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I may hereafter have against RedLine Athletics Franchising LLC in connection with the Property.

Batting Cage Acknowledgement and Waiver

As a parent or legal guardian of a registered member of RedLine Athletics, I understand and appreciate the risks associated with the sport of baseball and softball and related activities. I am fully aware of the risk of injury involved, catastrophic injury, paralysis, even death as well as other damages and losses associated with participation in baseball and softball related activities.

I understand that it is the intent of RedLine Athletics to provide for the safety and protection of my child, and in consideration for allowing my child to use this facility, I hereby forever waive and release RedLine Athletics, it's officers, employees, instructors, directors, coaches, landlord and independent contractors from all liability for any damages and injuries suffered by my child while under the instruction, supervision or control of RedLine Athletics.

AGREED TO AND ACCEPTED this _____ day of _____, 20_____

Parent/Guardian Signature

Parent/Guardian Print Name

Date