



THROWS EVENT, TRAINING, AND CAMP PARTICIPANT WAIVER AND RELEASE FORM

In a nutshell, accidents can happen. Thankfully, we have a great track record of no accidents to date and we intend to keep it that way!

With that being said, we do need you to agree to all this legal stuff.

So, please read and review and realize that you will most likely never get hurt.... BUT... it can happen, and if it does, you agree not to hold us responsible.

Here it goes...

Because both Shot Put, Discus, and Hammer training can be strenuous and subject to risk of injury, you agree that by participating in ThrowsLab events, training, camps, and/or clinics you do so entirely at your own risk.

You agree that you are voluntarily participating in these activities and any use of facilities and premises where events/camps/clinics/groups take place. You assume all risks of injury, illness, or death.

This waiver and release of liability includes, without limitation, any injury and/or damages caused by equipment malfunction or failure, any slip or fall, and any negligent instruction or supervision by ThrowsLab and their respective members, officers, directors, agents, servants, employees, trainers, staff contractors, and/or assigns.

Additionally, you acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability.

You expressly agree to release and discharge ThrowsLab, the coaches or instructors, event hosting site, and their respective members, officers, directors, agents, servants, employees, trainers, staff, contractors, and assigns from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against ThrowsLab owners, the coaches, or instructors for personal injury or property damage.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

I further assert that my child is in sufficient physical and mental health to participate in throws training, practices and/ or throws camp and does not have any physical, or mental condition that could prevent him or her from being able to participate in the activities involved in throws training, strength training, and/ or at the Throws Camp.

I have medical insurance coverage appropriate for my child's participation in throws training, strength training, and/ or at the Throws Camp.

ThrowsLab shall not provide any insurance for my child in connection with my child/athletes participation in throws training, strength training, and/ or at the Throws Camp.

This Waiver, Release and Assumption of Risk (the "Agreement") shall be governed by the laws of the State of California. OK... Let's focus on throwing Far!

(Name of participant, PLEASE PRINT)

Student Participant Signature

Date

Relationship to student

Parent Signature

Date