

## **Fusion Football Clinic's Registration and Release Contract**

The undersigned athlete ("Athlete") and the undersigned parent or guardian ("Guardian") hereby requests the enrollment of \_\_\_\_\_ in \_\_\_\_\_ (name Session I, Session II or both Session) scheduled to begin \_\_\_\_\_, of the Fusion Quarterback/Wide Receiver Football Clinic.

(1) Athlete and Guardian acknowledge that there will be two separate three-month sessions available over the course of 5-6 months during the months of February - August. You are only obligated to one session at a time. Each clinic will run for approximately 2.5 hours and will be held at a Ventura County High School to be determined year-by-year. Each session includes approximately two clinics a week with an occasional exception. Should cancellation of any clinic take place due to inclement weather or as a result of scheduling conflicts experienced by the coaching staff only (Chris and/or Bob), we will take the necessary steps to reschedule. Athlete understands that a total commitment to each session is necessary and required to participate in the Fusion Football Clinic.

(2) Having been apprised of the total cost of each session, you agree to the payment terms of the clinic. Two-thirds of the total cost is to be paid, along with the delivery of the registration/liability waiver contract, on the first day of the clinic. The remaining cost is to be delivered forty-five days after the start of each session. All fees paid are non-refundable and non-transferable. You are committing to the full amount regardless of full participation. You acknowledge financial obligation by signing this contract. Payment will be pursued in the event you cease attendance in the Fusion Football Clinic prior to its conclusion.

(3) Athlete and Guardian represent and warrant that the Athlete is in good physical condition and is able to safely participate in the clinics. Athlete and Guardian are fully aware of the risks and hazards inherent in participating in football and, with full knowledge of the risks associated therewith, hereby elect for the Athlete to voluntarily participate.

(4) Guardian and Athlete fully and forever release Chris Thomas or Bob Gagliano, or anyone associated with the Fusion Football Clinic from all claims arising from injuries, or death, that may be sustained by Athlete while attending the Clinics. Guardian and Athlete further understand that they will not hold anyone affiliated with the Fusion Football Clinic, including, Chris Thomas, Bob Gagliano, Newbury Park High School, Ventura High School (or any other high school or public agency with jurisdiction over the fields utilized for the clinics) or any of its representatives responsible, as a result of any injury sustained to Athlete for any other reason during or after the Fusion Football Clinic. Athlete further agrees to indemnify Chris Thomas or Bob Gagliano and to hold persons affiliated with the Fusion Football Clinic from any and all claims for injury or property damage which are caused by or the result of actions or omissions of Athlete.

(5) Athlete and Guardian authorize all those associated with the Fusion Football Clinic to act according to their best judgment in administering general first aid treatment for any injuries received to the Athlete during the course of the Fusion Football Clinic, whether an emergency or not, until such time as the parent or guardian is contacted (using the contact information below) to make decisions concerning treatments. Athlete and Guardian understand that treatment of minor injuries such as an ankle sprain can be treated with general first aid treatment such as an ice pack, but that no medication or other treatment will be administered to the Athlete without prior written or oral authorization from Guardian unless emergency conditions require otherwise. If the injury sustained is life threatening, or requires emergency treatment, Guardian authorizes Chris Thomas or Bob Gagliano or a member of their staff to summons any or all professional emergency personal to attend, transport, and treat the Athlete. Guardian understands that he/she is solely responsible for all bills and claims that may be filed as a result of the injury.

Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact Information:**

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
(business or cell)

Family Physician: Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Plan: \_\_\_\_\_