

Release of Liability, Medical and MEDIA Authorization

In consideration of being permitted to participate in Strength U Sports Performance Training, I hereby release Strength U and 3D Fitness LLC; their employees, and agents from any and all liability or claims relating to any bodily injury or property damage that may be sustained by the athlete while attending and/or being transported to or from Strength U Sports Performance Training sessions.

I hereby authorize and give my consent to the staff of Strength U to act on my behalf to secure medical treatment for the administration of all emergency medical and/or emergency surgical treatment that may be necessary in connection with, including transportation to or from, Strength U Sports Performance Training Program. I understand that should an emergency medical problem arise, an attempt will be made to contact me. In the event that I cannot be reached, I hereby give consent to such treatment as deemed necessary by a licensed health care professional.

I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with participation at Strength U Training activities. I authorize the disclosure of medical information to the insurance company listed below for the purpose of claim. (Each camper must provide his/her own health insurance).

I hereby give my consent to use the likeness and/or name/identity of the above-named camper for purposes of promotional materials or any other type of media produced and/or published by Strength U to promote or publicize Strength U, 3D Fitness LLC and/or JC Moreau, or Mike Gillette Mental Performance/Mind Coaching.

Parent/Guardian Signature / Date _____

Athlete Name _____

Name _____

Parent/Guardian (print/type) _____

Address _____

City _____

State _____ ZIP _____

Emergency Phone _____

Emergency Contact Name _____

Email address: _____

Medical Insurance Provider: _____