

Athlete's Name:	School:		Grade:	
Male Female Height:				
Mailing Address:				
Email Address:		Phone (Text):		
ALL correspondence from S Any known allergies or medical information:	SportFitOK will be sent to this email a			
Emergency Contact:	Emergency Phone #:	cy Phone #: Relationship:		
	WAIVER AND RELEASE OF LIABIL			
In consideration of the risk of injury while particip myself, my heirs, executors, administrators, assig liability and hereby waive any and all rights, claim hereby release and forever discharge SportFitOK agents, attorneys, staff, volunteers, heirs, represe but not limited to illness, paralysis, death, damag aforementioned activity, including traveling to and I AM VOLUNTARILY PARTICIPATING IN THE AFO RISK. I AM AWARE OF THE RISKS ASSOCIATED INCLUDE, BUT ARE NOT LIMITED TO, PHYSICA OR PERMANENT DISABILITY (INCLUDING PARA OR OUTCOMES MAY ARISE FROM MY OWN OF ACTIVITY LOCATION(S). NONETHELESS, I ASSU	gns, or personal representatives, knowing as or causes of action of any kind whatso K, located at 1200 McLaughlin Dr. Oklaho entatives, predecessors, successors and les, economical or emotional loss, that I r d from an event related to this activity. DREMENTIONED ACTIVITY AND I AM PAI D WITH TRAVELING TO AND FROM AS W AL OR PSYCHOLOGICAL INJURY, PAIN, S ALYSIS), ECONOMIC OR EMOTIONAL LO R OTHERS' NEGLIGENCE, CONDITIONS JME ALL RELATED RISKS, BOTH KNOW	ly and voluntarily enter into this wa ever arising out of my participatior ma City, OK, 73170, their affiliates assigns, for any physical or psych- nay suffer as a direct result of my p RTICIPATING IN THE ACTIVITY EN /ELL AS PARTICIPATING IN THIS A SUFFERING, ILLNESS, DISFIGUR DSS, AND DEATH. I UNDERSTANE RELATED TO TRAVEL, OR THE C	aiver and release of n in the Activity, and do , managers, members, ological injury, including participation in the ITIRELY AT MY OWN ACTIVITY, WHICH MAY EMENT, TEMPORARY O THAT THESE INJURIES CONDITION OF THE	
I agree to indemnify and hold harmless against ar otherwise brought by me or anyone on my behalf me or by anyone else acting on my behalf. If incu officers, volunteers, representatives and agents a specific event or activity on behalf of . I acknowle it the potential for death, serious injury, and prope temperature, weather, lack of hydration, condition participants, volunteers, spectators, coaches, eve CAREFULLY READ THIS "WAIVER AND RELEAS RELEASE AND DISCHARGE AND ALL OF ITS AF REPRESENTATIVES, PREDECESSORS, SUCCES VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT T PROPERTY DAMAGE. To the extent that statute of its agents, and employees. In the event that I sho a result of such treatment. I am aware and unders facilities occurs as a result of my or my family's w costs associated with any actions of neglect or res	ny and all claims, suits or actions of any k f, including attorney's fees and any relate irs any of these types of expenses, I agre are not responsible for errors, omissions, a edge that this Activity may involve a test of erty loss. The risks may include, but are n in of participants, equipment, vehicular tra- ent officials and event monitors, and/or p E" AND FULLY UNDERSTAND THAT IT IS FILIATES, MANAGERS, MEMBERS, AGE SSORS AND ASSIGNS, FROM ANY AND THAT I OTHERWISE HAVE TO BRING A L or case law does not prohibit releases for build require medical care or treatment, I a stand that I should carry my own health in villful actions, neglect or recklessness, I a	d costs, if litigation arises pursuan e to reimburse . I acknowledge that acts or failures to act of any party of a person's physical and mental I tot limited to, those caused by terr iffic and actions of others, includin roducers of the event. I ACKNOW S A RELEASE OF LIABILITY. I EXP ENTS, ATTORNEYS, STAFF, VOLU ALL CLAIMS OR CAUSES OF AC EGAL ACTION AGAINST FOR PE negligence, this release is also fo gree to be financially responsible f nsurance. In the event that any dar	t to any claims made by at and their directors, or entity conducting a imits and may carry with ain, facilities, ig but not limited to, LEDGE THAT I HAVE RESSLY AGREE TO NTEERS, HEIRS, TION AND I AGREE TO RSONAL INJURY OR r negligence on the part, for any costs incurred as mage to equipment or	
Name (Print):				
Name (Signature):	Date:			

COVID PARTICIPANT WAIVER

Waiver of Liability Form Assumption of the Risk and Waiver of Liability Relating to Coronavirus/ COVID-19 The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from personto-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. SportFitOK has put in place preventative measures to reduce the spread of COVID-19; however, cannot guarantee that you will not become infected with COVID-19. Further, attending any program or activity with SportFitOK could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while attending SportFitOK activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at SportFitOK may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SportFitOK employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance with SportFitOK complex or affiliates.

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless SportFitOK, its employees, agents, representatives, affiliates, or programs of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of SportFitOK, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending any SportFitOK program or activity or affiliate activity.

Participant's Signature	Date	Participant's Printed Name	(Age)	

COVID PARENT/GUARDIAN WAIVER

I am the minor's parent or guardian named above and I understand the nature of the Waiver of Liability above and verify and consent to the minor attending SportFitOK. On the minor's behalf, I hereby release, covenant not to sue, discharge, and hold harmless the SportFitOK, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. On behalf of the minor, I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the TBK Bank Sports Complex, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending in any SportFitOK program or activity.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

