

# Alliance Sports Training Waiver, and Permission & Release Including Terms, Conditions & Refund Policy.

## Release of Liability & Waiver

I, being the parent/guardian of the athlete participating in Alliance Sports Training, Training, hereby certify that all information provided about the afore said ATHLETE is true and correct.

In order to participate in training with Alliance Sports Training, and participate in related programs, related events, activities, training and practices, the parent/guardian the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my athletes participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Alliance Hawks, Alliance Sports Training, Alliance Life Skills, Inc., and their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, coaches, trainers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT Time OF REGISTRATION)

5. I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES, to the fullest extent permitted by law.

6. As lawful consideration for my athlete being permitted to participate in training with Alliance Sports Training, I agree that neither myself nor anyone associated with my athlete will make a claim against, sue, attach the property of or prosecute Brandon Kinnie, Alliance Sports Training Staff and their coaches, trainers, Sponsors, Facilitators and Employees for damage, for death, personal injury or property damage which my athlete may sustain as a result of my athletes participation in this sporting event.

7. I hereby authorize the coach or trainer of my child's training to obtain medical attention as he/she may need including surgery for an emergency. I agree to pay all medical and hospital cost for my athletes treatment. IN the event you are unable to reach the physical listed above, treatment may be rendered at a clinic or hospital that has been designated by Alliance Sports Training and/or its staff and/or trainers.

## **Refund Policy**

Due to the short duration of training:

No Refund Will Be Provided Once Purchase For Training Sessions Is Made:

- No refund will be provided on or after the date of purchase. In the case of a Medical Refund Request: All Medical Refund Requests will be reviewed and determined on a case-by-case basis. If you are requesting a refund due to a medical emergency, please contact Alliance Sports Training at [Alliancesportstrainingomaha@gmail.com](mailto:Alliancesportstrainingomaha@gmail.com).

Any medical refund request approved will be processed and if approved, awarded within 30 days of approval. The amount refunded will be determined by Alliance Sports Training and Staff.