

Informed consent Form for Kids Coaching



I hereby give my permission for _____ to participate in OBA coaching program. Further, I authorize OBA to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and reasonable effort has been made to do so. My child and I are aware that participating in the activity of badminton is a potentially hazardous activity. We assume all risks associated with participation in this sport, including, but not limited to, falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated by my child and me. We understand this informed consent form and agree to its conditions.

Participants agree that by engaging in any physical in any physical exercise, class or activity, or by using any Academy equipment or facility on the premises, the participants do so at their own risk. This includes, without limitation, the use of the equipment, locker room, showers, parking area, or sidewalk and their participation in any activity, class, program or instruction now or in the near future made available. Participants agree that they are voluntarily taking part in these activities and use of the facility and assume all risk of injury, or the contraction of any illness or medical condition that might result thereof of any damage, loss or theft of any personal property. Participants agree to release and discharge OBA, all affiliates, employees, agents, representatives, successors and assigns from any and all claims or causes of action (known or unknown) arising out of OBA's negligence.

PARTICIPANTS ACKNOWLEDGE THAT THEY HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY. IN ADDITION, THEY HEREBY WAIVE ANY RIGHT THAT THEY MAY HAVE, BY OR ON BEHALF OF THEIR SPOUSE OR ANY CHILD (MINOR OR OTHERWISE), TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST US FOR OUR NEGLIGENCE OR ARISING OUT OF OR RELATING TO PARTICIPATION BY THE PARTICIPANTS, THEIR SPOUSE OR CHILD IN ANY OF THE ACTIVITIES, OR USE OF THE EQUIPMENT, FACILITIES OR SERVICES WE PROVIDE AS DESCRIBED IN THIS PARAGRAPH, OR ON ACCOUNT OF ANY ILLNESS OR ACCIDENT, OR DAMAGE TO OR LOSS OF THEIR PERSONAL

I have read this Term and Condition Agreement, fully and understand the terms.

Child's signature _____ Date _____

Parent's or guardian's signature _____ Date _____

Address _____ Cell phone () _____

Family physician _____ Phone () _____

Medical conditions (e.g., allergies or chronic illnesses)
