

LONE STAR PV, LLC

dba

Olympic Quest Athletics

WAIVER AND RELEASE OF LIABILITY

AND ASSUMPTION OF RISK ACKNOWLEDGEMENT

I hereby grant permission for myself/my child/my athlete to attend Lone Star PV, LLC dba Olympic Quest Athletics (hereinafter referred to as LSPV) events and activities, including but not limited to practices, private or group lessons, open gym, competitions, clinics, and camps hosted and sponsored by LSPV, and meets attended by LSPV wherein Kris Allison and/or his agents coach or instruct myself/my child/my athlete, at the home of Kris Allison in New Braunfels, Texas, and at other venues as determined by future schedules. I verify that I/my child/my athlete have had a physical exam in the past year and are capable to participate in the activities related to pole vaulting.

I agree to indemnify, hold harmless, and defend LSPV, Kris Allison, LSPV coaches, their agents, employees and sponsors from any and all liability for injury to my child or myself, as well as any damage caused by my child or myself. I understand that track and field events, and in particular pole vaulting, is a dangerous activity from which injury or death could result. I hereby further acknowledge my understanding that pole vaulting is an inherently dangerous sport and fully realize the dangers of participating in this event. I understand and agree that it is my responsibility to assess the hazards presented by my/my child's/my athlete's use of the facilities of LSPV, and further agree that I am the ultimate judge as to whether I can use the facilities and services without risk or harm to me/my child/my athlete. Furthermore, I hereby acknowledge that the use of the facilities is entirely optional and of my own free choice. I understand and EXPRESSLY ASSUME all the dangers incident to using the facilities and their services, and hereby RELEASE ALL CLAIMS, including but not limited to, personal injury and death, whether caused by negligence, breach of contract or otherwise, and whether for bodily injury or loss otherwise, which I may have against LSPV, Kris Allison, LSPV coaches, their agents, employees and sponsors.

I hereby authorize any physician or trainer selected by club personnel to conduct emergency medical or surgical procedures necessary. In addition, I grant LSPV the right to use any videos or photographs of myself /my child/my athlete in pole-vaulting-related activities for the purpose of advertising or coaching/educational productions.

I am hereby submitting this release, waiver of liability, and assumption of risk declaration voluntarily and of my own free will.

Signature of Participant (at least 18 years of age): _____

Print Name: _____

Date: _____

Signature of Parent/Guardian (if Participant is under the age of 18): _____

Print Name: _____

Date: _____

USATF (USA Track & Field) Current Membership #: _____