



Daniel Ortmeier Management

PERMISSION AND RELEASE - READ CAREFULLY BEFORE SIGNING:

Realizing that there are risks inherent in any strength and conditioning program(s), and in consideration of my or our student being allowed to participate in STRIKE strength and conditioning program, I/We agree to assume all risks (whether known/unknown) of participation in STRIKE strength and condition program, to release and hold harmless STRIKE, together with staff, employees, coaches, volunteers, trustees, and other agents, from any and all claims, liabilities, and damages relating to any injury, sickness, death, or destruction of any property which may arise out of, result from, or be in any way connected with the participation of my student in the STRIKE strength and conditioning program. In addition, I/we agree to indemnify and hold the Releasees harmless from any and all claims for injuries or property damage brought on behalf of myself or our student or alleged to have been caused by me or by our student while our student is participating in STRIKE strength and conditioning program.

I/ WE HAVE READ THE PARTICIPATION, ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT; FULLY UNDERSTAND ITS TERMS; UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT; AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT (OTHER THAN THE OPPORTUNITY TO PARTICIPATE IN STRIKE STRENGTH AND CONDITIONING PROGRAM), ASSURANCE OR GUARANTEE BEING MADE TO ME/US. I/WE INTEND MY/OUR SIGNATURE(S) TO EFFET A COMPLETE AND UNCONDITIONAL RELEASE AND WAIVER OF ALL LIABILITY, INCLUDING ANY NEGLIGENCE OF THE RELEASEES IDENTIFIED IN THIS AGREEMENT AND TO INDEMNIFY THE RELEASEES, TO THE GREATEST EXTENT ALLOWED BY LAW.

I HEREBY RELEASE AND HOLD HARMLESS DBAT LEWISVILLE. AND DANIEL ORTMEIER MANAGEMENT AND ITS COACHES, EMPLOYEES, TRUSTEES, VOLUNTEERS, AND AGENTS (HEREINAFTER "RELEASEES") FROM ANY AND ALL LIABILITY CLAIMS, CAUSES OF ACTION, OR DEMANDS OF ANY KIND OR NATURE WHATSOEVER, AS WELL AS ANY AND ALL INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES, OR OTHERWISE, INCIDENT TO MY STUDENT'S TRANSPORTATION OF OR BY ANY INDIVIDUAL IDENTIFIED IN THE PARAGRAPHS ABOVE TO THE STRIKE STRENGTH AND CONDITIONING PROGRAM AT THE DBAT LEWISVILLE FACILITY.

In the event of an accident of serious illness, I hereby authorize representatives of STRIKE Strength and Conditioning to obtain medical treatment for my student. I hereby hold harmless and agree to indemnify STRIKE from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries that may occur to my student during his participation in STRIKE.

Date: \_\_\_\_\_ Parent/ Guardian name(s): \_\_\_\_\_ Parent/  
Guardian signature: \_\_\_\_\_ Student name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary  
Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ In case of  
emergency call: (name) \_\_\_\_\_ at (number) \_\_\_\_\_ Student's  
Physician: (name) \_\_\_\_\_ (city) \_\_\_\_\_  
Phone: \_\_\_\_\_