

## **RELEASE: Summa Health System Sports Performance Programs**

I am signing this release of all liability for myself or the person who has not yet reached the age of 18 who is named below (PARTICIPANT). I understand that participants in any of the Summa Health System's Sports Performance Programs or Anna Dean Performance Center Programs (PROGRAM) will be exposed to voluntary risks associated with plyometric, agility and strengthening type exercises on the land and in the water (where applied) including injury, sickness, death or loss of property. In exchange for being permitted to participate in the Program, I voluntarily agree to assume all of these and the other risks inherent in a conditioning/strengthening/training event.

I acknowledge for myself or the PARTICIPANT under 18 that the following statements are true:

- The PARTICIPANT is physically capable and sufficiently trained for the completion and participation of this event
- I will ensure that the PARTICIPANT is wearing the appropriate shoes and athletic clothing and has adequate fluids for hydration
- The PARTICIPANT is an experienced swimmer and can swim w/o assistance in the deep/shallow ends (water programs only)

I agree that the PARTICIPANT understands and will abide by the following requirements of the PROGRAM:

- Summa Health System, SummaCare, Summa Center for Sports Health, Summa Wellness Institute, Summa Barberton Hospital, Anna Dean Performance Center and the other people/groups associated with the PROGRAM assume no responsibility or liability with respect to my or my child's participation in this event.
- The PARTICIPANT will abide by any Summa Health System official decision relative to his/her ability to participate safely in the PROGRAM.
- That I grant permission to the PROGRAM to use any photographs or motion pictures of the PARTICIPANT during the PROGRAM for legitimate purposes.

Having read this waiver and knowing these facts, and in consideration of the PROGRAM'S acceptance of my or my child's registration for participation, ***I do hereby agree to release, hold harmless, and discharge Summa Health System's Sports Health and Summa Wellness Institute staff, including Summa Barberton Hospital and Anna Dean Performance Center, representatives of the host facility, volunteers, or other organizations from any and all claims or liabilities of any kind arising out of my or my child's participation in the PROGRAM.*** I make this waiver for myself, or for the person under 18 for whom I am signing and for our representatives who may act for us.

### **MEDICAL RELEASE:**

I am aware that medical support for this PROGRAM will be provided by Summa Health System's Center for Sports Health, Summa Wellness Institute, Summa Barberton Hospital and/or Anna Dean Performance Center and its staff who may provide assistance, including first aid to participants. I consent and authorize such person(s) to assist me or the minor participant for whom I am signing, with such first aid as may be necessary or appropriate. I understand further that any services provided as part of the Program does not constitute a duty to continue to provide services outside the scope of the Program

### **PICTURE RELEASE:**

I hereby authorize Summa Health System and its affiliates (including Summa Barberton Hospital) (hereinafter "Hospital") and its designees to photograph my child while participating in this program.

I agree that the Hospital and its designees may provide the prints prepared from such photograph to Hospital staff, physicians, health professionals and members of the public for education, treatment, public relations or charitable purposes.

I acknowledge and agree that the Hospital and its designees may disseminate the photographs in any manner consistent with the above stated purposes, including but not limited to, Hospital internal and external publications, Hospital Website, Hospital collateral pieces and advertisements.

I have entered into this Agreement in order to assist scientific, treatment, educational, public relations and charitable goals and hereby waive any right to compensation for such uses. I hereby hold the Hospital and its designees harmless from and against any claim for injury or compensation resulting from the activities authorized by this consent.

The term "photograph" as used in the foregoing Agreement, shall mean motion picture or still photography in any format as well as videotape, video disc or any other mechanical means of recording or reproducing images.

**HAVING READ AND UNDERSTOOD THIS AGREEMENT, I VOLUNTARILY AND KNOWINGLY SIGN IT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Name of Participant: \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

For all participants under age 18, PARENT OR LEGAL GUARDIAN MUST SIGN BELOW  
**CONSENT AND RELEASE OF PARENT OR LEGAL GUARDIAN**

\_\_\_\_\_  
Signature of Parents or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name