



Registration and Release Form

To register your son or daughter for any Versus activities, you are required to complete this release form.

How did you hear about us? _____

Athlete's Name _____ DOB _____ Age _____ Grade _____

Parent's Name _____ School _____

Address _____ City _____ Zip _____

Home Phone _____ Cell/Work _____

E-Mail Address _____

Favorite sports: 1. _____ 2. _____ 3. _____

Training Package: _____ Tuition: _____ Paid Today: _____

For and in consideration of my child being accepted into the Versus Athletic Training Facility activities listed above (VATF Activities), as legal guardian of my child, I state and promise as follows:

My child's participation is voluntary and I voluntarily permit my child to participate. I understand that Versus Athletic Training Facility recommends that my child be examined by his/her physician before participating in VATF Activities. If my child has a history of heart disease, he/she will consult a physician prior to participating in VATF Activities.

I understand that participation in VATF Activities is an inherently dangerous activity and that the risks of participation include, but are not limited to, falls, collisions, cuts, and broken bones. I hereby confirm my child is mentally and physically capable of participating in VATF Activities. I understand that any evaluation or assessment of my child's physical fitness and any recommendation of activities made by anyone at VATF shall not be a substitute for obtaining such evaluation, assessment or recommendation from my child's physician before participating in any of VATF Activities.

I understand and agree that medical or other services rendered to my child by or at the insistence of any of the above parties is not an admission of liability to provide or continue to provide any such services and is not a waiver by any said parties of any hereunder. I also acknowledge that should my child require transport to a medical facility, I must pay for such transportation and any treatment period. I further agree now and forever to hold the above named and unnamed parties harmless and indemnify them for all claims, damages, judgments and costs of whatever nature and form.

I hereby give Versus Athletic Training Facility the absolute right and permission to publish, copyright and use my child's name and photographic likeness in all forms and media for advertising, trade, and any other lawful promotional purposes with the understanding that such images will never be sold or shared with any other organizations in any way.

I hereby, for myself, my child, our heirs, administrators, executors, personal representatives and assigns, forever waive, release and discharge any and all rights and claims for damages and losses, whether monetary or otherwise compensatory, that I or my child may have against: (i) Holden Sports, LLC d/b/a Versus Athletic Training Facility Franchise and its; (ii) executive directors, owners, managers, officers, employees, members, representatives, and agents; (iii) all coaches, participants, organizers, supervisors, planners, and volunteers; and (iv) all city county and state governments for any and all injuries sustained by me or my child arising out of association with, entry in, or participation in VATF Activities.

Parent/Guardian Signature

Parent/Guardian Name Printed

Date

Vs. Staff

Revised 02/11/08

Versus Athletic Training Facility 1900 B N. Indianwood, Broken Arrow, Oklahoma 74012; 918-254-8700; www.VersusTulsa.com
(South of 61st between 129th and 145th E. Ave.)