



Hosted by Jumping Dreams in partnership with AAU

Athlete Registration Form

Organization Name

Coach / Organization Leader

First Name Last Name

Athlete Name

First Name Last Name

Date of Birth

Competitors Grade Level

3rd/4th

5th/6th

7th / 8th

High School

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Parent Guardian Name

First Name

Last Name

Phone Number

Area Code

Phone Number

WAIVER & RELEASE FORM RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

I give my approval and consent to the participation of _____ (child's name) In the Battle of the Borders jump rope clinic and competition events the undersigned acknowledges appreciates and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and, FOR MYSELF, SPOUSE, MY CHILD'S LEGAL GUARDIAN AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and

unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASE or others, and assume full responsibility for my child's participation;

and,

I willingly agree to comply with the Battle of the Borders stated and customary terms and conditions for participation. If I observe any

unusual significant concern in my child's readiness for participation and/or in the Battle of the Borders itself, I will remove my child

from participation and bring such attention of the nearest Battle of the Borders official immediately; and, I myself, my spouse, my child's legal guardian, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin,

HEREBY RELEASE the Battle of the Borders and their respective officers, affiliates, agents, representatives, successors, sponsors, advertisers and if applicable, owners and leasers of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in the Connecticut Youth Sports programs, events and activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and,

I, for myself, my spouse, legal guardian, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in the Connecticut Youth Sports, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law; and,

I certify that my child is physically fit to take part in all Battle of the Borders events and activities; and, I pledge my child's compliance to any and all Battle of the Borders rules and understand that my child could be dismissed from the events and/or activities for any conduct not in the best interests of the Battle of the Borders event and that no part of my child's registration fee will be refunded; and, I authorize any medical evaluation or treatment of my child that may be advised or recommended by the attending physician or emergency

medical personnel while participating in the Battle of the Borders events and activities.

_____ (Parent / Guardian Signature) (Print Name Clearly)

Date Signed: _____

MEDIA CONSENT FORM AND RELEASE FOR MINOR CHILDREN

I am the parent/guardian of _____ (print full name of child) ("My Child"). I hereby grant Jumping Dreams DD ("JD"), Amateur Athletic Union ("AAU"), and their agents the absolute right and permission to use photographic portraits, pictures, digital images or videotapes of My Child, or in which My Child may be included in whole or part, or reproductions thereof in color or otherwise for any lawful purpose whatsoever, including but not limited to use in any University publication or on the University websites, without payment or any other consideration.

I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein My Child's likeness appears, or the use to which it may be applied.

I hereby release, discharge, and agree to indemnify and hold harmless the JD, AAU and their agents from all claims, demands, and causes of action that I or My Child have or may have by reason of this authorization or use of My Child's photographic portraits, pictures, digital images or videotapes, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images or videotapes, or in processing tending towards the completion of the finished product, including publication on the internet, in brochures, or any other advertisements or promotional materials.

I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release.

THIS IS A RELEASE OF LEGAL RIGHTS.
READ IT CAREFULLY AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING

PLEASE CHECK ONE OF THE BOXES BELOW THEN SIGN YOUR NAME(S)

CONSENT: We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do hereby give our/my consent without reservation to the foregoing on behalf of My Child.

NON--CONSENT: We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do not hereby give our/my consent without reservation to the foregoing on behalf of My Child.

_____ (Parent / Guardian Signature) (Print Name Clearly)

Date Signed: _____

COVID-19 Liability Waiver and Assumption of Risk

In consideration of being allowed to participate in the Battle of the Borders events

I am aware that the novel coronavirus ("COVID-19") is an extremely contagious virus and that it is currently believed that COVID-19 spreads through person-to-person contact.

I am familiar with the Center for Disease Control and Prevention ("CDC") guidelines regarding COVID-19, which are located at <https://www.coronavirus.gov> and <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day-to-day, and that the CDC guidelines are regularly modified and updated. I accept full responsibility for familiarizing myself with the most recent updates, and making informed choices to take precautionary measures to protect myself and others.

In addition to the CDC guidelines, I agree to abide by any and all policies or postings published to the general public at the Facility.

By signing this agreement, I acknowledge that I am aware of the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 at the Facility, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Facility may result from the actions, omissions, or negligence of myself and others.

I agree that, in the event that I suspect I became exposed to or infected by COVID-19 at the Facility and I elect to seek testing and/or treatment as a result therefrom, I will be responsible for payment of any and all medical services and testing services.

I voluntarily, choose to assume all of the foregoing risks and accept sole responsibility for any injury, illness, permanent disability, or death related to COVID-19 arising from or in connection with my presence at the Facility. I hereby release and hold harmless the Facility, their employees, agents, directors, officers and representatives and other participants from and against all liabilities (statutory or otherwise) for claims, suits, demands, judgments, costs, interest and expense (including but not limited to attorney's fees and disbursements) for injury, illness, permanent disability, or death related to COVID-19 arising from or in connection with mine or my child(ren)'s presence at the Facility, EVEN IF ARISING FROM THE NEGLIGENCE, ACTS OR OMISSIONS OF THE RELEASED PARTIES.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING BELOW I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Date:_____ Parent Guardian Signature: _____

Participant Name: _____