

Program Release Form

ALL PARENTS OR GUARDIANS OF ANY CHILD THAT WISHES TO PARTICIPATE IN ANY SPORTS CLINIC WITH THE UNITED PORTUGUESE SES INC. MUST COMPLETE THE FOLLOWING PROGRAM RELEASE FORM BEFORE HIS/HER CHILD MAY BEGIN THE SPORTS CLINIC.

(Please keep a copy of this form within each member file for future reference)

Child's Name: _____ DOB: _____ M or F

Personal Information:

1st Parent Name: _____ Phone: (H) _____ (C) _____

Home Address: _____ City: _____ Zip: _____

2nd Parent Name: _____ Phone: (H) _____ (C) _____

Home Address: _____ City: _____ Zip: _____

Clinic Information:

I agree to have my child participate in the **United Portuguese SES Inc. Baseball Clinic**. This event will take place at **Point Loma Little League Field** on **December 2nd, 2017** between the hours of **9am & 1pm**.

Please make checks payable to UPSES Sports and mail to 973 Catalina Blvd, San Diego, CA. 92107

COST: ___ \$50

RELEASE DISCLAIMER

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT MY CHILD MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY SPORTS CLINIC EXERCISE PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT THE SPORTS CLINIC'S PREMISES OR AT ANY OFFSITE LOCATION. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD UNITED PORTUGUESE SES INC., ITS BOARD OF DIRECTORS, INSTRUCTORS OR PARTNERS OF SAID CLINIC, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

I am fully aware and understand that the clinic does not have on or about the United Portuguese SES Inc.'s premises, or employ or contract with any medical services provisions for ordinary or emergency medical services.

In consideration of my child's participation in and the use of the clinic's facilities, I hereby release and covenant not to sue the United Portuguese SES Inc., its owners, Board of Directors, shareholders, officers, employees, representatives, agents, coaches, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any clinic sponsored by the United Portuguese SES Inc.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Dated: _____

Parent/Guardian Signature: 1st _____ 2nd _____

Parent/Guardian Name (print): 1st _____ 2nd _____