



In consideration of my participation as a Player/Coach/Participant in a recognized or sanctioned event(s) at the VICTORY ATHLETIC CENTER (“VAC”) including VICTORY SPORTS PERFORMANCE (“VSP”) training sessions, I agree to the following:

Waiver and Release: I am fully aware of and understand the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in an athletic event. I further agree on behalf of myself, my heirs, and personal representatives, that THE VICTORY WAY (“VICTORY”), the host organization managing the VAC and VSP, and sponsors and associates including Capistrano Unified School District and the City of San Juan Capistrano along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in a recognized or sanctioned event(s).

Medical Attention: I hereby give my consent to the VAC and the host organization of any VICTORY recognized or sanctioned event(s) to provide, through a medical staff of its choice, medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation at the VAC in a recognized or sanctioned event(s).

Readiness to Compete: I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate.

Photography/Video Release: I hereby authorize VICTORY to publish photographs and or video taken of myself and/or my children, and our names and likenesses, for use in VICTORY’S print, online and video-based marketing materials, as well as other VICTORY publications in perpetuity. I hereby release and hold harmless VICTORY from any reasonable expectation of privacy or confidentiality, of compensation, or of rights of ownership or royalties for myself and my children associated with the images/footage specified above.

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD: As legal guardian of this participant, I hereby verify that I have read and fully understand each of the above conditions for permitting my child or my ward to participate in any VICTORY recognized or sanctioned event(s), and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

Parent Name _____

Parent Signature _____

Parent Email _____

Parent Phone _____

Athlete Name(s) _____

Date _____