

**AUTHORIZATION TO TREAT A MINOR  
RELEASE, ASSUMPTION OF RISK, AND HOLD HARMLESS**

Required for all persons under the age of 18 years (please fill in all blanks)

PLAYER NAME: \_\_\_\_\_ PLAYER AGE: \_\_\_\_\_

PARENT / LEGAL GUARDIAN: \_\_\_\_\_

I, the parent and/or legal guardian of the above named minor, hereby give my permission for my child to participate in the Off Season Conditioning Program and activities, organized and led by LAXTUF, LLC., ("LAXTUF") including transportation involved for his/her participation in off-campus activities, and absolve LAXTUF, its members and employees from liability to me and my child because of illness or injury to my child or loss of his/her property resulting from such participation. *In event of medical emergency, I hereby authorize LAXTUF, its members and employees to exercise their discretion in obtaining and/or providing medical attention for my child.* I hereby assume full responsibility for all financial obligations arising from transporting my child to a medical facility, and for all other expenses related to obtaining and/or providing medical attention for my child. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and release to obtain or render care which LAXTUF, its members and employees, in the exercise of its best judgment, may deem advisable. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that treatment will not be withheld if the undersigned cannot be reached.

I realize that my child's participation in any and all LAXTUF programs and activities, including, but not limited to *Off Season Conditioning, Do It Yourself Training, and all programs contained at or associated with www.laxtuf.com*, involves substantial risks including, but not limited to, loss/damage of property, illness, serious injury, and death. I hereby assume full responsibility for all financial obligations arising from my child's participation with LAXTUF programs and activities. Further, I hereby assume all risk associated with my child's participation in any and all LAXTUF programs and activities, and agree to hold harmless LAXTUF, its members and employees from any and all liability, actions, course of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my/our child's participation in any activity related to LAXTUF programs and activities.

The terms hereof shall serve as a release and assumption of risk by my heirs, estate, executor, administrator, and assignees and for all members of our family.

\_\_\_\_\_  
**PARENT / LEGAL GUARDIAN SIGNATURE**

\_\_\_\_\_  
**CONTACT PHONE NUMBER**

\_\_\_\_\_  
**CONTACT EMAIL ADDRESS**

\_\_\_\_\_  
**DATE OF SIGNATURE**

