



*Aaron Jones Foundation
Excel Speed Training
Aaron Jones Foundation
"Eye socket, hip pocket"*

2023 Registration Form

Athlete information

<i>last name</i>	<i>first name</i>	<i>date of birth (m/d/y)</i>		
<i>street address / apt. #</i>		<i>city</i>	<i>state</i>	<i>ZIP</i>
<i>current school / grade</i>		<i>what sports does athlete participate in?</i>	<i>S M L XL XXL</i>	
			<i>circle uniform size</i>	

Parents / Guardians / Emergency Contact

<i>last name</i>	<i>first name</i>	<i>relationship to athlete</i>	<i>cell phone</i>
<i>home phone</i>	<i>work phone</i>	<i>e-mail address</i>	

Notify in case of emergency: _____
name / relationship *phone*

Parent / guardian signature *Date*

Acknowledgment

I hereby authorize the staff of Excel Speed & Fitness Training, LLC to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive and release Excel Speed & Fitness Training, LLC from any and all liability for any injuries incurred while training. I have no knowledge of any physical impairment that would be affected by the above athlete's participation. I also understand that Excel Speed & Fitness Training, LLC retains the right to use any photographs and images taken of the athletes during training for promotional purposes.

I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Lessor/ Landlord ; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child’s involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I voluntarily agree to assume the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may incur by reason of Aaron Jones Foundation activity (“Claims”). On my behalf, and of behalf of my children, I hereby release and covenant not to sue Aaron Jones Foundation, its affiliated organizations, employees, volunteers, agents, and representatives, of and from the Claims.

Parent / guardian signature

Date