



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

2025 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>
				S M L XL
XXL				
<i>current school / grade</i>	<i>what sports does athlete participate in?</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>
<hr/>			
<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.

By signing this agreement, I acknowledge 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** by attending Aaron Jones Foundation activity and that such or infection may result in personal injury, illness, permanent disability, and death. I understand that risk of becoming exposed to or infected by **COVID-19** may result from act, omission, or negligence of myself or others, including, but not limited to, Aaron Jones Foundation volunteers, and other participants and their families.

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