



CONTRACTURAL AGREEMENT, LIABILITY WAIVER AND RELEASE, AND AUTHORIZATION FOR MEDICAL/DENTAL TREATMENT

I understand that participation in SKILL & DEVELOPMENT TRAINING involves risk and dangers of serious and permanent bodily injury and death. I hereby release, hold harmless, discharge and agree not to seek legal action against CY WYNN, NO DAYS OFF 365 or owner/ leasers of premises for or from all liability from my participation in and with these and any other related recreational activities or training. I also understand that CY WYNN and NO DAYS 365 retains the right to use for publicity and advertising, photographs and video taken of the participants.

I have given my daughter/son permission to participate in the SKILLS & DEVELOPMENT TRAINING WITH CY WYNN and NO DAYS OFF 365 and I certify that she/he is in good health, has been cleared by a physician and can take part in all physical activities not limited to but including training, practices and games. I am aware of all laws, rules and safety procedures regarding head concussions If an injury occurs, I authorize the CY WYNN/NO DAYS OFF 365 to take any action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of an emergency, I authorize the personnel to take action.

I understand I will be charged weekly for training sessions on the Monday of each week of training; I understand that payment is to be paid for all sessions of the following week on the Monday that proceeds training with CY WYNN and NO DAYS OFF 365. Special circumstances must be discussed in advance with CY WYNN in order to be taken into consideration or participation can be denied.

I, the undersigned, as the parent and/or legal guardian of (if Player is a minor), or the person (if Player is age of majority), _____ (parent or legal guardian) to _____ (player) hereby grant permission for CY WYNN and NO DAYS OFF 365 to authorize medical or dental treatment for the Player by any available and qualified physician/dentist or other trained medical personnel. In addition, this permission extends to and includes authorization for emergency treatments, procedures, and surgeries for the Player. Furthermore, on-going medical treatment is authorized until such time as the undersigned shall dismiss these physicians/medical personnel in writing and have engaged another qualified physician. This permission and authorization includes admission to a hospital or medical facility if the attending physician deems it necessary.

Player Name (printed)

Player Mobile Phone

Parent or Legal Guardian Signature (If player minor)

Date

E-mail Address

Parent Mobile Phone