



## PARTICIPANT WAIVER AND RELEASE OF LIABILITY

### PARTICIPANT'S PERSONAL INFORMATION

First Name (*Mr./Mrs./Ms.*) \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Marital Status    \_\_\_\_\_ Single    \_\_\_\_\_ Married    \_\_\_\_\_ Widowed

Date of Birth (*M/D/Y*) \_\_\_\_\_ Age \_\_\_\_\_    \_\_\_\_\_ Male    \_\_\_\_\_ Female

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number \_\_\_\_\_

US Citizen    \_\_\_\_\_ Yes    \_\_\_\_\_ No    If no, what nationality? \_\_\_\_\_

Primary Physician (*name*) \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact (*name*) \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Disability / Diagnosis \_\_\_\_\_

Sport \_\_\_\_\_ Classification \_\_\_\_\_

Email Address \_\_\_\_\_

### PARTICIPANT'S GUEST TYPE AND SKILL LEVEL

Please check your guest type for this program.

Athlete	Coach	Official	NGB Administrator
Staff	Trainer	Intern	Other:

Athletes: Please check your skill level for this program

\_\_\_\_\_ **Olympic/Paralympic Caliber:** Athletes who have competed or will compete in the upcoming Olympic, Paralympic or Pan Am Games, or NGB's World Championship.

\_\_\_\_\_ **National:** NGB National Senior Team member or will compete in a major international event within the last 12 months.

\_\_\_\_\_ **Junior National:** NGB National Junior Team member or will compete in a major international event within the last 12 months.

\_\_\_\_\_ **Development:** Highly skilled athletes showing strong potential for growth and improvement with the objective of obtaining a higher skill level.

### AUDIO/VISUAL CONSENT:

I hereby consent and authorize the taking of photographs, movies, films, videotapes, tape recordings, or reproductions (collectively, "Reproductions") of the participant and consent to use, copyright, license, publication or broadcast of the same for advertising, educational, promotional, or publicity purposes on the part of Lakeshore Foundation and by its affiliated and associated organizations, including its directors, officers, agents, servants and employees. I hereby grant and assign to Lakeshore Foundation the right, title, and irrevocable authority and interest to such Reproductions. I waive any and all claims for compensation and waive any and all claims related to or arising out of the publication and dissemination of the same of any lawful purposes. I further authorize the communication of

information concerning the undersigned in connection with the utilization of such Reproductions by Lakeshore Foundation, its affiliated or associated organizations, and their respective directors, trustees, officers, agents, servants and employees without claim for compensation and waive all claims related to or arising out of the publication and dissemination of the same. \_\_\_\_\_ (*initial*)

**RELEASE AND INDEMNITY:**

I hereby release and discharge Lakeshore Foundation and all affiliated and associated organizations, together with their respective trustees, directors, officers, employees, and agents, of and from any and all demands, claims, causes of action, suits, damages, judgements, or liabilities of any kind or nature whatsoever, arising out of or in any way related to the Applicant's participation in a Lakeshore Foundation activity, including any personal injury or death or loss or damage to property, which the Applicant may suffer or incur as a result of participation in such program, whether or not caused by the negligence or wrongful acts of such persons or any agents, servants or employees of any of them. This release shall be binding upon heirs, next of kin, guardians, executors, and administrators of the Applicant. I do further agree to indemnify and hold harmless each of them, of and from any and all claims, demands or actions of any kind or nature whatsoever arising out of any injury or damages incurred by the Applicant. In signing this release, I acknowledge and represent that I am over 19 years of age, I am of sound mind, I have read this release, understand it, and sign it voluntarily, and that this paper contains the entire agreement between myself and Lakeshore Foundation. \_\_\_\_\_ (*initial*)

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Participant or Parent / Guardian** (*if participant is under 19 years of age*)

**FOR OFFICE USE (Only)**

Program Name \_\_\_\_\_ Arrival \_\_\_\_\_ Departure \_\_\_\_\_

\_\_\_\_\_  
Lakeshore Foundation Signature or initials

**PARTICIPANT CONSENT**

**TRANSPORTATION AND MEDICAL RELEASE**

I hereby give my consent for the United States Olympic Committee (USOC) to provide athletic trainer services and other medical care and treatment, emergency medical services, and transportation associated with my participation in the program conducted at this United States Olympic and Paralympic Training Site under the auspices of **United States Olympic Committee**.

If the program in which I am participating includes psychological, physiological and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risks or hazards when customary safeguards are observed.

I swear that I am in good physical condition, and I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's programs at this USOTC. \_\_\_\_\_ (*initial*)

**DRUG USE AND BLOOD DOPING**

I understand that drug testing may be conducted for athletes registered at the USOTC, and that detection of use of banned drugs would make me subject to suspension by my sport's National Governing Body and the USOC.

By registering at the USOTC, I am subject to a drug test, if selected, and its penalties, if declared positive for a banned substance. If selected, I am aware that failure to comply with the drug test will be cause for the same penalties as for those who are positive for a banned substance.

I know that I may contact the USOC Sports Medicine Clinic for any questions about medications and banned substances or practices while at the USOTC, and may call the U.S. Antidoping Agency (USADA) Drug Reference Line (800-233-0393) before, during and after my USOTC stay.

I further understand that the practice of blood doping is banned by the USOC and the International Olympic Committee (ICO) and that to do so would make me subject to punitive action within existing policies. \_\_\_\_\_ (*initial*)

**PARTICIPANT CONDUCT**  
*(Including athletes, staff and coaches)*

I consent to abide by the below described rules of conduct for guests of this USOTC and understand that violations may result in full or partial forfeitures of my guest privileges, or in other disciplinary proceedings:

1. The transportation, possession or unauthorized use of alcoholic beverages, illegal drugs, or IOC-banned substances on the premises is prohibited.
2. Use of an ID card by an unauthorized person(s) is prohibited.
3. Visitors (non-residents) are prohibited in the dormitory areas or on the premises after 12 midnight daily.
4. Quiet hours commence at 10:00 p.m. daily.
5. Any physical damage to a facility or loss of items in a dormitory room (i.e. blankets, lamps, etc.) will be paid for by those individuals assigned to the room in which the damage or loss occurs.
6. Firearms, ammunition and all other sports equipment are prohibited in all areas of the dormitories.
7. Unauthorized room changes are prohibited.
8. Pets are prohibited in the dormitories.
9. Unacceptable behavior will not be tolerated, including but not limited to, the following:
  - a. Any act considered to be offensive under federal, state or local laws, or a violation of USOC policies and procedures.
  - b. Gross misconduct (i.e. inappropriate horseplay, theft, fighting, etc.).
  - c. Willful destruction of property (i.e. including that caused by inappropriate horseplay, fighting, etc.).
10. The willful disabling of any smoke detector or tampering or interfering in any way with any fire alarm system to include causing a false fire alarm (by pulling the fire alarm handle) will result in disciplinary action against the perpetrator(s) which may include immediate dismissal from the Olympic Training Center. \_\_\_\_\_ (*initial*)

x \_\_\_\_\_  
**Participant Signature**

**Date Signed:** \_\_\_\_\_

**FOR ATHLETES OF MINORITY AGE**  
*(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)*

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of **United States Olympic Committee** at this USOTC.

x \_\_\_\_\_  
**Parent / Guardian Signature**

**Date Signed:** \_\_\_\_\_

\_\_\_\_\_  
**Parent / Guardian Name (Please Print)**