



### Emergency Medical Release Form

As the undersigned parent or guardian of \_\_\_\_\_, participant in Evolve Sports Performance programs, having full legal right to do so, I hereby grant permission to any agent of Evolve Inc. to administer first aid, call for medical help, and/or transport said participant to a suitable medical facility for professional aid, in the event the participant is injured or becomes ill in any way during an Evolve Sports Performance related activity, not limited to training or recreation.

Furthermore, I hereby authorize any emergency medical treatment deemed necessary by any paramedic, doctor, or emergency room staff at any facility whether I am present or not and/or whether I can be contacted in advance of such treatment or not. Medical personnel are specifically authorized to administer drugs, antiseptics, and anesthesia if needed in their professional opinion to treat any injury or illness to the above participant, and hospitals are specifically authorized to admit the above participant under normal terms and conditions on orders of trained medical personnel.

X \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

### ( ) DECLINE PERMISSION FOR MEDICAL TREATMENT

Having read the above, I hereby decline to give permission for any emergency medical treatment on religious, personal, or other grounds. I realize that this means in the event of illness or injury, the above named participant will not be treated by professionals until and unless I am contacted. Therefore, I waive all rights including the right to pursue legal action against and trainer, coach, agent of Evolve Inc., employee of Pinnacle Sports, any medical personnel or medical facility and accept full personal responsibility for the risks and the outcome.

X \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

If permission for medical treatment is declined, Evolve Inc./Evolve Sports Performance reserves the right to refuse participation in the program.