

Top Flight Sports Performance Engineering Waiver

Participant Info:

Last: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Sex: M _____ F _____ Phone: _____

Primary Sport: _____

Email: _____

I hereby grant permission for my son/daughter to train with Top Flight Sports Performance. I also grant Top Flight permission to act on behalf of my child according to their best judgment in any emergency requiring medical attention and hereby waive the Top Flight staff from any and all liability incurred while training.

I authorize Top Flight to take photographs and videotapes of the Participant and to record the Participant's voice, conversation and other sounds during and in connection with the training. I acknowledge that Top Flight shall own exclusively all copyright and other rights in and to such tapes, photography, and recordings and may use them forever and throughout the world in any manner without compensation to me or the Participant. I authorize Top Flight to use the Participant's name, voice, likeness, and any biographical facts provided during training in advertising and promoting the Parties without further compensation.

Parent/Guardian Name:

Parent/Guardian Signature:

Emergency Phone: _____

Date: _____

Please make checks or money orders out to: **Olaniyan LLC**



**WHERE
CHAMPIONS
ARE MADE**