

## **MEDICAL RELEASE WAIVER**

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, employee, coach, volunteer, or other team administrator associated with **Paragon Endurance Training LCC DBA "Paragon Training"** to seek and give appropriate medical attention for myself or my child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge **Paragon Training** and associated supervisor, employee, coach, volunteer, or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in **Paragon Training** activities, whether or not damages or loss is due to negligence. I hereby acknowledge that myself and my children is (are) physically fit and capable of participation in all Team activities.