

**MEDICAL & PHOTO RELEASE:**

PARTICIPANT / PARENT, PLEASE READ CAREFULLY AND SIGN WHERE INDICATED BELOW FOR ANY STUDENT PARTICIPATING IN A CLASS:

By the very nature of the activity, sports carry a risk of physical injury. No matter how careful the participant and the coach are, risk cannot be eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones dislocations and muscle pulls. I certify that the enrollee has no condition that prohibits full participation in the activities of Recreational Sports Leagues, Inc. and Get in Shape Long Island, Ltd.

I understand and fully recognize that my child's participation in such sport activity program carries with it a risk of physical injury. I, on behalf of myself and my child, agree that Recreational Sports Leagues, Inc. and Get in Shape Long Island Ltd., its agents, employees, sponsors and volunteers shall not be liable to me or my child or our respective heirs or legal representatives for any injury or damage, however caused, resulting directly or indirectly from my child's participation in any Recreational Sports Leagues, Inc. and Get in Shape Long Island, Ltd. sport activity program, at any time preceding, during or after such program is in session, and I hereby waive, and release and discharge Recreational Sports Leagues, Inc. and Get in Shape Long Island Ltd. and its agents, employees, sponsors and volunteers from, any and all actions, claims and demands which I or my child may have in connection with any such injury or damage.

I understand and agree that Recreational Sports Leagues, Inc. and Get in Shape Long Island Ltd. will not provide medical or health insurance for my child, and I will make separate arrangements to secure such insurance coverage if I deem it necessary. In the event of a medical or surgical emergency, I grant permission to the physician designated by Recreational Sports Leagues, Inc. and Get in Shape Long Island, Ltd. to hospitalize, secure proper treatment for, or order injections, anesthesia or surgery for, my child. Furthermore, I understand that payment for all such medical or surgical services is solely my responsibility.

I understand and accept all enrollment conditions. I authorize that Recreational Sports Leagues, Inc. and Get in Shape Long Island Ltd. has the right to use all photographs or videos taken of my child or me during games/practices/camp/leagues/classes, etc. for advertising or promotional material.

**I understand and comply with the rules and regulations described above.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please Fill out this form completely. Print and mail, or fax it to:  
**Recreational Sports Leagues, Inc. PO Box 723, East Northport, NY 11731-1204**