

## 2025 Angel City Training INFORMED CONSENT FORM

I, being 21 years of age or older, do for myself (and for or on	behalf of my child
participant, if said child is not 21 years of age or older) do hereby release, forever discharge, and agree to hol	ld harmless the train-
ing/coaching participant from all claims or liabilities of any kind relating to the participant arising out of this eve	ent even though that
liability may arise out of negligence or carelessness on the part of the persons and companies named on this	waiver.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage, and expense to this participant as a result of participation in any and all forms of training/coaching provided.

I am fully aware of and understand the risks associated with me and/or my child or ward, including without limitation: (a) I and/or my child or ward could contract COVID-19 or other diseases such as the flu or legionnaires disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death; and (b) I and/or my child or ward will be subject to normal risks associated with participation in an Angel City Training event including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in an athletic event.

I further agree on behalf of myself, my child or ward, my heirs, and personal representatives, that Angel City Training, the host organization, and sponsors of any Angel City Training recognized or sanctioned event(s), along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event(s).

Further, authorization and permission is hereby given to the trainer/coach and company to furnish transportation, food, water, and accredited medical attention IF THE NEED SHOULD ARISE.

The undersigned further hereby agrees to hold harmless and indemnify the trainer and company for any and all liability sustained as the result of the negligent, willful, or intentional acts of said participants, including expenses incurred attendant thereto. (IF THE PARTICIPANT HAS NOT REACHED THE AGE OF 18 YEARS):

We (I) are (am) the parent(s) or legal guardians of this participant, and hereby grant our (my) permission for him/her to participate fully in said training/coaching/playing from Thomas O'Leary. I hereby give our (my) permission for Thomas O'Leary to take said participant to a doctor or hospital and consent to medical treatment, including but not limited to x-rays, emergency surgery, and/or medical treatment. We (I) assume the responsibility of any and all medical bills.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary actions, or otherwise, we (I) hereby assume all transportation costs.

This document will be applied to ALL training/coaching/playing sessions, lessons, and time coaching individual and groups of trainees/players.

## ONLY PARTICIPANT NEED SIGN IF 18 YEARS OF AGE OR OLDER. IF UNDER 18, THE LEGAL GUARDIAN (21 +) PRESENT MUST SIGN.

Trainer/CoachThom	nas O'Leary	
Name of participant		
Name of legal guardian (IF UND	DER 18)	
Signature of legal guardian		
Date		
Contact phone numbers (H)	(C)	
Address of participant		
Email of guardian		
Email of participant	@	

<sup>\*</sup>This is a legal document clearing all trainers/coaches and Angel City Training LLC from ALL liability. By signing the above lines, you have read this entire release document and fully understand and agree with the terms listed.