



TEAM TRAINING PROGRAM (INDIVIDUAL)

D1 Sports Training - Huntsville
7242 Bailey Cove Road
Huntsville, AL 35802
256.880.1717

TEAM NAME/SCHOOL: Huntsville Soccer Club

SPORT: Soccer

Athlete's Contact Info

Name _____

Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ E-mail _____

<p><u>Team Program Description</u></p> <p>_____</p> <p>_____</p> <p>_____</p>
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Duration of Program: 12 Weeks Start Date: Nov. 1st, 2008 End Date: Jan. 31st, 2009

Training Location: D1 X Off-Site Location _____

Total Number of Training Sessions: Unlimited

Individual Team Member Training Cost: \$100 per month for 3 months

Payment Information

PAYMENTS / OBLIGATION TO PAY: You are ultimately responsible for your portion of your team's Program fees and costs. Full payment is due within 10 days of the date of your bill. We accept cash, check (pay to the order of "D1 Sports Training"), and credit cards. You understand and agree to be held responsible for the entire cost of your portion of the Program and any additional costs incurred. You agree that if you fail to pay on time, you will be responsible for all collection costs incurred by D1. Program costs are not refundable.

WAIVER OF RIGHTS: All participants must sign a "Release of Liability, Indemnity and Assumption of Risk" in the form hereto.

AGREED AND ACCEPTED:

Signature _____ Date _____

Payment Method: Debit/Credit Card _____ Cash _____ Check _____ # _____

Client Prefers to Pay: Single Payment in Full _____ Monthly _____

Debit/Credit Card Payments: AMEX _____ Mastercard _____ Visa _____ Other _____

Cardholder's Name _____ Card Number _____ Expiration _____

See "Program Terms and Conditions" on the reverse side of this form.

Program Terms and Conditions

PLEASE READ THE FOLLOWING CAREFULLY, UNDER THIS AGREEMENT YOU ARE RELINQUISHING CERTAIN RIGHTS AND ACCEPTING CERTAIN OBLIGATIONS.

RELEASE OF LIABILITY, INDEMNITY, AND ASSUMPTION OF RISK

D1 Sports Training (“D1”) undertakes the responsibility to provide you with expert sports training and other related services (the “Program”). By signing below, you acknowledge and agree to the following: You represent that you are physically fit to participate in the D1 Program and that, prior to participation in the Program, you have consulted a physician regarding any limitations or medical risks that you may have in relation to the Programs and certify that you are free from any such limitations and medical risks. You further understand and agree that the Program involves physical exertion and strenuous physical activity by you, which entails certain risks and serious bodily injury and/or death may occur. For example, physical contact with other participants, equipment or surfaces may occur during the Program. With full knowledge of the risks of serious bodily injury and death, you voluntarily choose to participate in the Program and (i) hereby forever release, covenant not to sue, discharge and waive all liability on behalf of D1, it’s employees, executives, agents, affiliates, owners, subsidiaries, partners, sponsors, owners and lessees of the premises, consultants, volunteers and contractors (the “Releasees”) for any bodily injury of any kind, property damage or death, suffered by you as a result of your participation in the Program, regardless of whether such bodily injury or death was due to negligence of any kind committed by D1 or the Releasees or otherwise, (ii) agree to indemnify and hold harmless D1 and the Releasees from any loss, liability or cost they may incur arising out of or related to your participation in the Program, and (iii) assume full responsibility for any bodily injury, death or property damage arising out of or related to your participation in the Program. Notwithstanding your agreement not to sue D1 and the Releasees, you agree that any legal proceedings of any kind, including those related to the enforceability of this waiver, shall take place in Davidson County, Tennessee. **You certify that you have read the forgoing and understand that by signing below, are giving up certain legal rights and remedies and intend that your signature be a complete and unconditional release of all liability on behalf of D1 and the Releasees to the greatest extent permitted by law.**

AGREED AND ACCEPTED:

Participant’s Signature _____ **Date** _____

Parent or Guardian Signature (if under age 18) _____