

Membership # (Assigned by C.A.S.L.) _____

**ENLARGE MEDIA GROUP, LLC., DBA C.A.S.L.
2023 MEMBERSHIP AND INFORMATION FORM**

**THIS FORM MUST BE SIGNED BY PARENT (S) OR LEGAL GUARDIAN(S)
OF ALL PARTICIPANTS UNDER THE AGE OF 18.**

PART ONE: ATHLETIC WAIVER & RELEASE OF LIABILITY:

In consideration of being allowed to participate in any way in the, C.A.S.L., athletic-sports program, and its related events and activities, the Undersigned:

1. Agree, acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including but not limited to, permanent disability, death, and severe social and economic losses which may result not only from the participant's own intentional actions, omissions, or negligence, but the intentional actions, omissions, or negligence of others, as well as the rules of play, the condition of the premises, or of any equipment used. Further, that there may be other risks not actually or constructively known to C.A.S.L. through the exercise of reasonable care or not reasonably foreseeable at this time.
2. Assumes the risk to participate in any way in the, C.A.S.L., athletic-sports program, and its related events and activities, is aware of the risks associated thereto, appreciates the magnitude thereof, and accepts personal responsibility for the damages following any such injuries.
3. Release, waive, discharge, hold harmless, and covenant not to sue Enlarge Media Group, LLC C.A.S.L., its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "Releasees," from any and all liability to each Undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including, but not limited to, death or damage to property, caused or alleged to be caused in whole or in part by the intentional actions, omissions, or negligence of the Releasees or otherwise.

PART TWO: RELEASE OF VIDEO RIGHTS:

1. In consideration for being permitted to compete, observe, work for, or for any purpose participate in any way in any C.A.S.L. contest or event during **2023**, the Undersigned and Participant, for himself/herself, his/her personal representatives, heirs and next of kin understand that all or portions of the contest(s) and/or event(s) may be videotaped and or photographed for future viewing/promotion and that the Undersigned and Participant may appear, without compensation, in a videotape and/or photographs, including videotapes or photographs submitted by the Undersigned or Participant to C.A.S.L.
2. The Undersigned and Participant hereby agree irrevocably that the Undersigned and Participant will be bound by all the provisions contained herein. Without limitation of the foregoing, the Undersigned consents to the use of the material as set forth above and expressly release the Releasees from any and all claims which may arise out of such use.
3. The Undersigned hereby releases to C.A.S.L. all rights to all video reproductions and photographs of the C.A.S.L. contest(s)/event(s).

PART THREE: AUTHORIZATION TO TREAT A MINOR AND/OR RELEASE OF PATIENT'S RECORDS:

1. I, the Undersigned, do hereby authorize any healthcare provider or other person who has provided treatment to me or Participant in relation to a C.A.S.L. event to furnish C.A.S.L. or it's representatives, any and all protected medical records in any form (including oral, written and electronic) for the purpose of review and evaluation in connection with a C.A.S.L. event . I, the Undersigned, expressly request that all covered entities under HIPPA pursuant to 45 C.F.R. 164.508, disclose full and completed protected health information including but not limited to all medical records and documents, including inpatient, outpatient, emergency room, charts, reports, consultation reports, correspondence, laboratory test results, radiology test results, questionnaires/histories, office and doctor's handwritten notes; nurse's notes, pharmacy prescriptions, drug handouts, reports of occupational illness or injury, X-ray films, CT scans, MRI films and any record received from any other physician or health care provider. As well as all billing records, including, but not limited to: statements, itemized bills, insurance records, disability benefit records and workers compensation records related to any treatment arising from a C.A.S.L. event. A photostatic copy of this authorization shall be considered as effective and valid as the original.
2. I/We the undersigned parent(s) or legal guardian of the below named minor, do authorize and consent to any X-ray examination, laboratory procedure, anesthetic, medical, or surgical diagnosis and treatment which is deemed advisable by general medical staff or emergency room under the provisions of the State of California, Department of Public Health.
3. I/We understand that an effort shall be made to contact me/us prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if I/We cannot be reached.
4. It is understood that the Releasees presenting this authorization are acting as Participant's agent and will not be held liable for treatment(s) and other services rendered.
5. The Undersigned accepts full financial responsibility for all medical treatment(s) and services rendered to Participant.

2023 C . A . S . L .

MEMBERSHIP DATA & BEHAVIOR CODE

NUMBER OF YEARS IN C.A.S.L. _____ MEMBERSHIP NUMBER (Assigned by C.A.S.L.) _____

Participant/Member's Name _____ Age _____

Address _____

Birthdate _____ Shirt Size _____ Phone(____) _____ Email: _____

EMERGENCY INFORMATION

SPECIAL MEDICATION; ALLERGIES; MEDICAL RESTRICTIONS _____
IN CASE OF EMERGENCY PLEASE NOTIFY:

(1) _____ HOME PHONE _____ WORK PHONE _____

(2) _____ HOME PHONE _____ WORK PHONE _____

DOCTOR _____ OFFICE PHONE _____

INSURANCE CARRIER _____

C.A.S.L. BEHAVIOR CODE

1. This code applies to all contestants, coaches, managers, sponsor representatives, parents, friends and spectators.
2. It will be signed by participant skater and skater's parent(s)/legal guardian, if skater is under 18 years of age, no exceptions.
3. The rules:
 - (1) Skaters will not skate in others' practice heats or in restricted areas.
 - (2) Skaters will wear the required safety equipment at all times, both during practice and the contest.
 - (3) Sticker and product tosses are never allowed at C.A.S.L. Contests or events.
 - (4) The use and/or possession of drugs and/or alcohol is strictly prohibited at all C.A.S.L. Contests or events.
 - (5) Respect the rights of others. This means other skaters, spectators, and contest officials. This also means...no fights or rude behavior.
4. The penalties:
 - (1) first offense: disqualification from current event.
 - (2) second offense: disqualification from the current event and the next scheduled event.
 - (3) third offense: we will see you next year!!!!
5. Ignorance of this code is no excuse to break it!!!!

I, the Undersigned, having read the above waiver and release, understand that we, the Undersigned and Participant, have given up substantial rights by signing it. We have signed this waiver and release voluntarily. I speak, read, write, and understand English. If English is not my primary language, this information has been translated into my primary language for me and I understand its contents.

The Undersigned warrants that no promise or inducement has been offered except as herein set forth; that this release is executed without reliance upon any statement or representation by the Releasees, or their representatives concerning the nature and extent of any injuries and/or damages and/or legal liability therefore; that the Undersigned is of legal age, legally competent to execute this release and accepts full responsibility therefore.

This release supersedes all prior understandings between the parties relating to the subject matter herein. This release and the acknowledgements, representations, releases, permission and agreements made herein shall be irrevocable and binding upon me and my heirs, executors, successors, parents, guardians, licensees and representatives. Termination of this release, for any reason, shall not affect C.A.S.L.'s rights in the materials or the program or my waiver of the right to seek or obtain rescission, injunctive or other equitable relief, or my waiver of the right to otherwise seek to restrain or interfere with the production, promotion, distribution, exhibition or exploitation of the program or the materials. I shall not have the right to terminate this release. This paragraph shall survive the termination or the expiration of this release. C.A.S.L. may assign its rights in the materials and/or program, in whole or in part, to any individual or entity, without restriction.

This release shall be governed by the laws of the State of California (excluding conflicts of law principles), regardless of the place of its physical execution. I hereby submit to the jurisdiction of the State and Federal Courts of the State of California, Los Angeles County, to resolve any dispute arising out of or resulting from this release. I shall not raise, and hereby waive, any defenses based upon improper venue, inconvenience of the forum, lack of personal jurisdiction, or the sufficiency of service of process. Any signed copy of this release transmitted by email or facsimile, or executed electronically (via docuSign or a similar service) shall be deemed an original copy hereunder.

PARENT/GUARDIAN SIGNATURE REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OLD.

Parent/Guardian's Name: _____

Address _____

Phone: (____) _____ Email: _____

Parent/Guardian's Signature: _____ DATE: _____

My Relationship To The Above Named Minor Is _____