



Sports Medicine Institute

A Division of Spartanburg Regional Healthcare System



Spartanburg Regional Sports Medicine Institute Waiver & Payment Policy

As used in this agreement, “you” also means the athlete, but includes the Responsible Party if the athlete is less than 18 years old; the “Responsible Party” is the athlete’s parent or other adult who is legally responsible for the athlete; and “Spartanburg Regional Sports Medicine” means Spartanburg Regional Health Services District, Inc., its affiliates, officers, employees and representatives. By signing below, you agree to all the terms and conditions in this agreement and certify that you have read the entire agreement, so please read it carefully.

Damage to Facilities. You are liable for any damages that you or your guests cause to the facility or property on the premises.

Waiver and Release. Athletes and their guests assume all risk of personal injury, death, property loss, or other damages that may relate to attending or using the facility or participating in any of Spartanburg Regional Sports Medicine programs and activities. By assuming those risks you and your guests waive, and release, all claims you or your guests may have or may want to assert against Spartanburg Regional Sports Medicine, Velocity Sports Performance, its affiliates (including Velocity Sports Performance Franchise Systems), affiliates’ owners, officers, directors, managers, employees, agents, and representatives (the “VSP Group”) for any such personal injuries, death, property loss, or other damages connected to or arising out of any of the aforesaid risks. You and your guests release Spartanburg Regional Sports Medicine from all claims, damages, demands, rights of action, causes of action, and liabilities, present or future known or unknown, anticipated or unanticipated, resulting from or arising out of the athletes’ and its guests’ attendance at our use of our facility or their participation in any of our activities, programs, or special events, including, without limitation, those arising from our negligence or that of any other member of Spartanburg Regional Sports Medicine. You and your guests also release all members of the Spartanburg Regional Sports Medicine from all liability relating to loss, theft, or damage to personal property- including, without limitation, automobiles and locker contents.

Athlete’s Physical Fitness. You represent that the athlete is physically fit to engage in the activities in which he or she participates in the facility. You are solely responsible for all health risks associated with those activities.

Payment Policy. All sales are final. When automatic payments are set up SMI Velocity Sports Performance is authorized to securely store and charge the responsible party’s credit card account automatically every month until otherwise requested by giving a minimum of 5 business days (Monday - Friday) written notice prior to the billing date to stop drafting the payment.

Date _____

Athlete's Name _____ Age _____ Sports _____

Emergency Contact Number _____ Email Address _____

Parent/Guardian (print) _____ Signature _____

(If athlete is under the age of 18)

Would you like one (1) complimentary training session for your athlete at SMI Velocity?

YES ___ **NO** ___