

# The Sports Academy, Inc.

## Adult Waiver/Release

### AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY -- READ BEFORE SIGNING --

In consideration of being allowed to participate in any way in The Sports Academy athletic sports program(s), related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, notwithstanding particular rules, equipment, and personal discipline that may reduce this risk; and,
- 2) I certify that there is no medical or physical condition that would prevent me from participating in any activity, program, etc., and I have not been instructed by medical personnel to refrain from participating in strenuous activity.
- 3) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation in all aspects of this program; and,
- 4) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and,
- 5) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The Sports Academy, Inc. their officers, directors, officials, agents, and employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, loss or damage of any kind or nature, whether now known or unknown, to any person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE TO THE FULLEST EXTENT PERMITTED BY LAW.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_  
(Participant's Signature) (Print Name)

DATE SIGNED: \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_