

The Sports Academy, Inc.

Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS -- READ BEFORE SIGNING --

IN CONSIDERATION OF _____, my minor child/ward ("my child"), being allowed to participate in any way in the The Sports Academy program(s), related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability 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 my child from participating in any activity, program, etc., and I have not been instructed by medical personnel that my child should refrain from participating in strenuous activity.
- 3) FOR MYSELF, SPOUSE, AND CHILD, 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 child's participation in all aspects of this program; and,
- 4) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such hazard to the attention of the nearest official immediately; and,
- 5) I, for myself, my spouse, my child, and on behalf of my/our 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 _____
(PARENT/GUARDIAN SIGNATURE) (PRINT NAME)

Address _____

E-mail _____

Date Signed: _____ Emergency Phone Number _____

UNDERSTANDING OR RISK – MINORS OVER THE AGE OF 14 ONLY

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X _____
(PARTICIPANT SIGNATURE) (PRINT NAME)

Date Signed: _____