## **A1R ACADEMY LIABILITY WAIVER**

(Division of Norman Jean Sports Inc.)

## Release and Waiver of Liability Agreement

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Participant's Name:	
Date of Birth:	
Parent/Guardian Name (if applicable):	
Session Date:	
I, the undersigned participant, or the parent/legal age of 18 (collectively referred to as "Participant" training sessions with A1R Academy involves inhomographic consideration for being allowed to participate in a organized by A1R Academy, I hereby acknowledge	), understand that participating in athletic erent risks and potential for injury. In any activities, events, or programs
1. Assumption of Risk: I am aware that participat but not limited to football, involves inherent risks or death. I voluntarily assume all such risks.	
2. Release and Waiver: I, on behalf of myself and assigns, hereby release, waive, discharge, and hedirectors, employees, agents, representatives, suclaims, liabilities, damages, costs, or expenses a damage that may be sustained during or as a res	old harmless A1R Academy, its officers, accessors, and assigns from any and all rising from or related to any injury, loss, or
3. Medical Authorization: In the event of an injury <b>Academy</b> and its representatives to obtain and contraction and contractio	
4. Photographic Release: I grant <b>A1R Academy</b> pother media of the Participant for promotional or	
I have read and understood this Release and Wa agree to its terms. I acknowledge that I have had advice before signing.	, ,
Participant's Signature:	Date:
Parent/Guardian Signature (if applicable):	Date: