

OAR 360 HIGH PERFORMANCE LEADERSHIP



GREAT TEAMS DON'T HAPPEN BY ACCIDENT

	Student Registration Form	
Student Name:	SCHOOL ATTENDING: Mount Olive	
SPORT/ORGANIZATION: Football	MALE/FEMALE: M GRADE ENTERING FALL 2022:	
STUDENT EMAIL:	STUDENT CONTACT NUMBER:	
PARENT CONTACT NAME:	PARENT CONTACT EMAIL:	
PARENT CONTACT NUMBER:	EVENT: Mount Olive Football Team-Building Program	
HEAD COACH NAME: Brian O'Connor	HEAD COACH EMAIL: oakey78@optonline.net HEAD COACH CONTACT NUMBER: 201-919-0269	
	Total \$:(\$110 REGISTRATION FEE)	

PLEASE RETURN REGISTRATION FORM AND PAYMENT TO YOUR HEAD COACH

(MAKE PAYABLE TO: VICTORY ROAD LEADERSHIP CONFERENCES)

Victory Road Leadership Development Group P.O. Box 5275, Clinton, NJ 08809, 732-927-1581 www.myvictoryroad.com

## WAIVER AND RELEASE FROM LIABILITY

I understand that participating in the physical exercises, training and activities (the "Activities") put on by Victory Road Leadership Conferences LLC ("Victory Road") are potentially hazardous activities and that there are risks of injury associated with participating in the Activities. I hereby acknowledge that as a participant in the Activities, I am voluntarily participating at my own risk. By signing this Waiver and Release From Liability, I understand that I personally assume all of these risks and that I feel I am physically and medically capable and properly trained to participate in the Activities. I understand that a condition of my participation in the Activities is my agreement to knowingly and willingly sign this Waiver, and I agree to assume full responsibility for any risks, damages or injuries, known or unknown, which I might incur as the result of such participation.

I, on behalf of myself, my executors, administrators, heirs and assigns, hereby agree to hold harmless Victory Road and its owners, heirs, successors and assigns, officers, directors, managers, members, officials, trustees, agents, employees, or other representatives ("Victory Road Representatives") from all liability of any type or nature on account of any injury, loss, claim or damage to my health, well-being or property resulting from this participation regardless of whether such injuries, losses, claims or damages are caused by Victory Road or Victory Road Representatives.

CHOICE OF LAW: I understand and agree that the law of the State of New Jersey will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature :	Name (printed):	Date:
1 0 0	an of the minor named above. I have the legal rig s and conditions of this Release.	ght to consent to and, by signing below, I
Signature :	Name (printed):	Date:

## WAIVER AND RELEASE FROM LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, the Center For Disease Control and Prevention, and by State and Health officials. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

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The government and state health officials have set recommendations, guidelines, and some prohibitions which Victory Road Leadership Conferences, LLC. ("Victory Road") adheres to comply. Victory Road cannot prevent you or your family from becoming exposed to, contracting, or spreading COVID-19 while utilizing Victory Road's services and voluntarily participating in the physical exercises, training, and activities (the "Activities"). It is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in the Activities you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.
I,, acknowledge that I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days. I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days. I did not, nor any member of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the last 14 days. I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 14 days.
<b>ASSUMPTION OF RISK:</b> I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of being exposed to and/or contracting COVID-19 for myself and/or my family in order to voluntarily participate in the Activities.
<b>WAIVER OF LAWSUIT/LIABILITY</b> : I, on behalf of myself, my executors, administrators, heirs and assigns hereby agree to hold harmless and forever release and waive my right to bring suit against Victory Road and its owners, heirs, successors and assigns, officers, directors, managers, members, officials, trustees, agents, employees, or other representatives from all liability of any type or nature in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Victory Road's services and voluntarily participating in the Activities. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.
CHOICE OF LAW: I understand and agree that the law of the State of New Jersey will apply to this contract.
I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:
Signature : Name (printed): Date:
I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature : \_\_\_\_\_\_ Name (printed): \_\_\_\_\_\_ Date: \_\_\_\_\_