



**Bilingual Christian Academy & Technology, Inc.**  
 3241 S. John Young Parkway  
 Kissimmee, FL 34746  
 (407) 530-4227



**WAIVER AND RELEASE OF LIABILITY**

**Participant's Name:** \_\_\_\_\_

**Parent/Guardian's Name (if Participant is under 18):** \_\_\_\_\_

In consideration of being allowed to participate in any way in the sports programs, related events, and activities conducted by Bilingual Christian Academy & Technology, Inc. and BCAT Sports, Inc., including but not limited to basketball, volleyball, flag football, and soccer (hereinafter referred to as "Sports Activities"), and transportation to and from these activities, the undersigned acknowledges, appreciates, and agrees that:

**1. Risks Acknowledgment**

**Initials:**

\_\_\_\_\_

\_\_\_\_\_

- The risk of injury from the Sports Activities involved is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 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; and,
- 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 to the attention of the nearest official immediately.

**2. Release of Liability**

- I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, indemnify, and hold harmless BCAT School and BCAT Sports, Inc., their officers, officials, agents, and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the Sports Activities ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to



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person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

### 3. **Medical Treatment Authorization**

- I consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Sports Activities.

### 4. **Transportation Release**

- I acknowledge that transportation to and from the Sports Activities is provided by BCAT School and BCAT Sports, Inc., and I release and hold harmless the Releasees from any and all liability in connection with the transportation provided, including any injury or loss that may occur during transit.

### 5. **Severability**

- I further expressly agree that this waiver and release is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**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.**

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature (if Participant is under 18):** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Emergency Contact Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_