



## Waiver of Liability and Assumption of Risk

Participant's Full Name (Printed): \_\_\_\_\_

Phone: \_\_\_\_\_

In consideration of being allowed to participate in any way in developmental training, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from participation in these sport activities is significant, including the potential for permanent paralysis and death, and while particular precautions, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and
3. I willingly agree to comply with any stated instructions and policies and customary terms and conditions for participation. If, however, I observe or am impacted by any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Oueslati Sportschule official present (instructors/coaches); and
4. In the case of injury or medical emergency and in the event participant, their parent or legal guardian, or emergency contact cannot respond at the time of the emergency, the Oueslati Sportschule official present (instructors/coaches) has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that participant, and not the official present (instructors/coaches), shall be responsible for any and all charges for such health care services regardless of whether participant's medical insurance would cover such charges; and
5. I, for myself and on behalf of my heirs, assignees, personal representatives and next of kin, hereby release Oueslati Sportschule, Fulton Science Academy, and all officials, from any responsibility of any and all injury, disability, death, or loss or damage to person or property, 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 SUSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If participant is under 18 Signature of parent/legal guardian)

Printed Full Legal Name: \_\_\_\_\_



## Image Release Form

By signing this release form, I authorize Oueslati Sportschule and Fulton Science Academy (FSA) to use the following personal information:

- (1) My picture – including photographic, motion picture, and electronic video images.
- (2) My voice – including sound and video recordings.
- (3) My name – including information that would identify me and my likeness in all media forms.

I hereby grant Oueslati Sportschule and FSA the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copies of the information described in sections (1), (2), and (3) above in any and all media, including, without limitation, cable and broadcast television and the internet, and for exhibition, promotion, distribution, advertising, sale, press conferences, meetings, hearings, educational conferences, and in brochures and other print media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant Oueslati Sportschule and FSA all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant Oueslati Sportschule and FSA the right to give, sell, transfer, and exhibit the print in copies for marketing, communications, or advertising purposes, as they deem fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for Oueslati Sportschule's and FSA's use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copies or printed matter or computer generated scanned images and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.



I acknowledge that I have read the foregoing and I fully understand the contents. I have executed this release on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(If release is provided on behalf of a minor):

I hereby certify that I am the parent or guardian of \_\_\_\_\_, who is under the age of eighteen (18) years, to whom this release applies and that I have the legal authority to execute this release. I approve the foregoing and agree that we both shall be bound thereby.

Participant/Parent/Guardian (Print Name): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_