

**Kentucky Elite Athletics Academy (KEAA), Inc.**

**Participation Authorization & Injury Waiver and COVID-19/General Release Form**

**TEAM CHOOSE ONE:** 8U 10U 12U 14U

**Email address:** \_\_\_\_\_

**Player Name (Last, First):** \_\_\_\_\_

**Birthdate:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Gender:** (please circle):    Male            Female

**Street Address:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone with text:** 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

**Details:**

**Guardian 1 (name):** \_\_\_\_\_

Relationship (please circle):    Mother            Father            Guardian            Other

**Guardian 2 (name):** \_\_\_\_\_

Relationship (please circle):    Mother            Father            Guardian            Other

**Current School:**

Name: \_\_\_\_\_

**High school Graduation Year:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Position: Offense and Defense**

\_\_\_\_\_

**Jersey Size:** \_\_\_\_\_ **Football Pant Size:** \_\_\_\_\_

**Specify Adult or Youth Sizes**

## **Kentucky Elite Athletics Academy (KEAA), Inc.**

### **Participation Authorization & Injury Waiver and COVID-19/General Release Form**

As a participant in the Kentucky Elite Athletics Academy (KEAA), Inc. Tryout and/or Team referred to "KEAA" and its related events, I acknowledge that participation in the events exposes me to a possible risk of personal injury. I hereby release KEAA, related sponsors, and its officers, coaches, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates, from any and all liability from property/equipment damages, personal injuries or other claims arising from or in connection with my participation in the any events including claims that are known and unknown, foreseen and unforeseen, future or contingent. I covenant that I will not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against said companies, sponsors and officers, directors, employees, volunteers, agents, coaches, licensees, subsidiaries, consultants, independent contractors and affiliates, arising out of or relating to the actions, causes of action, claims and demands hereby waived, released or discharged by me. For good and adequate consideration, which I acknowledge I have received, I hereby grant, release, and quitclaim to Company the right and authority to use, sell, reproduce, and distribute, quoted material, biographical information, my photograph, likeness, recorded voice or videotaped filmed appearances (the "Materials") for promotional and advertising purposes or programs as Company in its sole discretion will deem appropriate. I acknowledge that I have read and fully understand this Player Authorization, Injury Waiver and General Release Form. This agreement will bind me, my spouse, my children, legal representatives, heirs, successors and assigns.

I hereby affirm the participant has had a complete physical examination by a licensed medical provider (MD, DO, APRN or PA) within the last year and has been cleared for all sports related activities without restrictions and the participant has not had any further illness or injuries since the said exam which would prevent him/her from safely participating in any sport related activity including contact sports. I agree to provide a copy of this physical examination to Kentucky Elite Athletics Academy, Inc. upon request.

I hereby agree to pay the participation fee set forth by the Kentucky Elite Athletics Academy, Inc. and do hereby understand this is a non-refundable fee made payable to Kentucky Elite Athletics Academy, Inc. (KEAA) via cash or check.

THE NOVEL CORONAVIRUS, COVID-19, HAS BEEN DECLARED A WORLDWIDE PANDEMIC BY THE WORLD HEALTH ORGANIZATION. COVID-19 IS EXTREMELY CONTAGIOUS. The Kentucky Elite Athletics Academy "KEAA" HAS PUT IN PLACE PREVENTATIVE MEASURES TO REDUCE THE SPREAD OF COVID-19, BUT the KEAA CANNOT GUARANTEE THAT YOU OR THE PLAYER WILL NOT BE EXPOSED TO COVID-19. FURTHER, ATTENDANCE AND/OR PARTICIPATION IN KEAA ACTIVITIES COULD INCREASE THE RISK OF CONTRACTING COVID-19 OR OTHER INFECTIOUS DISEASES.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and other infectious diseases and voluntarily assume the risk that the PLAYER OR ATTENDEES may be exposed to or infected by COVID-19 or other infectious diseases through attendance and/or participation in the KEAA Activities; there are natural, mechanical, and environmental conditions and hazards which independently or in combination with any activities engaged in while attending and/or participating in the Activities may result in the exposure to certain risks including exposure to COVID-19 and other infectious diseases; and such exposure or infection may result in quarantine, personal injury, illness, hospitalization, permanent disability and/or death. I understand that the risk of the player or attendee becoming exposed to or infected by COVID-19 or other infectious diseases while participating or attending the Activities may result from the actions or omissions of KEAA and/or others, including, without limitation, KEAA's directors, coaches, volunteers, other players, and/or their families.

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## Kentucky Elite Athletics Academy (KEAA), Inc.

### Participation Authorization & Injury Waiver and COVID-19/General Release Form

I have voluntarily decided to allow the player to attend and/or participate in the KEAA Activities, and I hereby voluntarily assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or the player (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I and/or the player may experience or incur in connection with the player's attendance and/or participation in the KEAA Activities. Further, on behalf of myself and the Player, and our legal representatives, heirs and assigns, I hereby release, waive, covenant not to sue, discharge, and hold harmless KEAA, its directors, coaches, agents, volunteers and representatives, of and from all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto, including but not limited to any medical expenses, injury and/or death. I understand and agree that this release includes any claims based on actions, omissions, or negligence of KEAA, its directors, coaches, volunteers, agents, and representatives, whether a COVID-19 infection or other infectious disease occurs before, during, or after the player's attendance and/or participation in the KEAA Activities.

I expressly agree that this Assumption of Risk and Waiver and Release of Liability is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This document and the waivers and releases contained herein shall be governed by the laws of the Commonwealth of Kentucky.

I understand that by signing this document I am giving up on behalf of the player and myself certain legal rights and remedies including the right for the player and/or myself to recover damages in the event of death, personal and/or bodily injury of any kind, property loss or damage, expenses of any nature whatsoever including medical expenses and attorney's fees, and other losses that the player or I may sustain in association with the player's attendance and/or participation in the KEAA Activities, and may be found by a court of law to have waived my/his/her right to maintain a lawsuit against the parties being released on the basis of any claim for negligence or otherwise. I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. I have read and understood this document and I agree to be bound by its terms.

I DO HEREBY AFFIRM THAT NEITHER MYSELF NOR MY PLAYER HAVE BEEN DIAGNOSED WITH COVID-19, HAVE NOT BEEN EXPOSED TO COVID-19 OR PERSONS UNDER INVESTIGATION FOR COVID-19, DO NOT HAVE FEVER, COUGH, SORE THROAT, UPPER RESPIRATORY SYMPTOMS, GASTROINTESTINAL SYMPTOMS, RASH OR ANY OTHER SYMPTOMS RELATED TO COVID-19. I DO HEREBY AFFIRM THAT NEITHER MYSELF NOR MY PLAYER WILL PARTICIPATE AND/OR ATTEND KEAA ACTIVITIES SHOULD SYMPTOMS DEVELOP OR SHOULD WE KNOWINGLY BECOME EXPOSED TO COVID-19. I ALSO CONSENT TO TEMPERATURE CHECKS OF BOTH MYSELF AND MY PLAYER PRIOR TO ENTRY TO EACH KEAA EVENT.

I DO HEREBY AGREE TO MAINTAIN SOCIAL DISTANCING DURING KEAA EVENTS AND WILL WEAR A MASK WHEN SOCIAL DISTANCING IS NOT POSSIBLE TO HELP PREVENT THE SPREAD OF COVID-19.

As the parent/guardian of the "player"/participant listed below, do hereby acknowledge, consent and agree to the following Assumption of Risk, Waiver and Release of Liability:

#### **PARENTAL CONSENT** (To be filled out if participant is under the age of 18)

As the undersigned ("Parent"), of the below named player/participant do hereby consent to affirm, on behalf of Subject, agree to be bound by the Injury Waiver and General Release Form attached hereto which has been signed by Subject. Parents also represent, warrant and agree that Parents (is)(are) entitled to the care and custody of Subject and (is)(are) Subject's legal guardian(s); that during the minority of Subject and for a reasonable time afterwards, Parents will use all reasonable efforts to prevent Subject from attempting to or disaffirming the Injury Waiver and General Release Form signed by Subject; that Parents hereby acknowledge that Parents have read the Injury Waiver and General Release Form and are satisfied that it is fair and equitable for the benefit of Subject; and that Parents will not revoke this consent and approval. I certify that the Player Insurance and Medical Information submitted to Kentucky Elite Athletics Academy, Inc. is complete and accurate to the best of my knowledge.

DATE: \_\_\_\_\_ Parent/Guardian SIGNATURE: \_\_\_\_\_

NAME AND RELATIONSHIP TO: (please print) \_\_\_\_\_

PLAYER NAME: \_\_\_\_\_ PLAYER DOB: \_\_\_\_\_