

Waiver of Liability and Release for use of Elevate Sports Academy Facility

Name: _____ DOB: _____

Phone #: _____ Email: _____

Parent/Guardian Name (if under 18 yr): _____

I, the undersigned participant/parent or guardian of the participant, recognize and acknowledge that activities at "Elevate Sports Academy", involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result from participant action, inaction, negligence of others, rules of play, or the condition of the premises or any equipment used thereon. Further, I understand that there may be other risks not known or reasonably foreseeable at this time and that such risks shall be assumed by the undersigned. In my absence, I authorize the instructor, coach, or owner/staff of Elevate Sports Academy to call for emergency rescue services for (name) _____ should they be necessary in the case of injury or suspected injury, or during the times that the above named individual is participating in an activity at Elevate Sports Academy. I authorize the attending physician at the hospital to administer necessary emergency medical care to the above individual upon arrival at the hospital. I will accept responsibility for the payment of any and all treatment provided therein including emergency rescue services.

I certify that the above named is capable of participation safely in the activities at Elevate Sports Academy. I understand that the owners/staff of Elevate Sports Academy do not provide accident, health, or life insurance coverage for the above named participant during program participation. I further understand that I am legally responsible for actions of the above named individual including, but not limited to, any damage to private or public property. I am legally responsible for my own and/or my child's welfare and actions including personal needs and medical expenses. I agree to indemnify and hold the owners/staff of Elevate Sports Academy and its representatives harmless from any loss, damage, or injury which may result from me or my child's participation in activities at Elevate Sports Academy. This release of liability and indemnity applies equally to losses, damages, or injuries caused or alleged to be caused in whole or in part by the negligence of the owners/staff of Elevate Sports Academy. I further agree to release, waive, and discharge, and covenant not to sue the owners/staff of Elevate Sports Academy for any any claims, demands, or actions whatsoever arising out of any damage, loss, or injury incurred on or to me or my child as a result of my participation or my child's in activities at Elevate Sports Academy. This release of liability and indemnity applies to me, the undersigned, or my child, as well as any personal representative, assigns, heirs and next of kin.

I authorize Elevate Sports Academy to use any photos or videos on their social media platforms that they obtain while I'm in the facility, attending events, or playing on their teams.

I have read and fully understand the effect of the relinquishment of the rights that I hereby waive. Additionally, I have read and fully understand the Facility Rules and Regulations.

Signature: _____ Date: _____