



Release of Liability

I, for myself, assigns, heirs, next to kin acknowledge and those under my guardianship agree that I understand the nature of sports activities and that I am qualified, in good health, and in proper physical condition to participate in such activities. I further agree and warrant that if, at any time, I believe these conditions to be unsafe, I will immediately discontinue further participation in such activities. I also fully understand that sports involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death. I understand that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others and/or the condition in which the activities take place. I understand that there may be risks and social and economic losses either not known to me or not readability foreseeable at this time and I fully accept and assume all such risks and responsibility for losses, costs and damages that I may incur as a result of the participation in the activities. I hereby release, discharge and hold harmless Guenette Performance Academy, their respective owners, lease holders, administrators, directors, agents, offices, members, volunteers, and employees other participants, sponsors and advertisers from all liability, claims, demands, losses and/or damages caused, or alleged to be caused, in whole or in part by my or by my assigns, heirs, next to kin, and those under my guardianship. Furthermore, I will indemnify, save and hold harmless Guenette Performance Academy from any litigation expenses, attorney fees, loss, liability, damage or costs which may be incurred as the result of such a claim. I understand that this form does not serve as a medical release. I understand that the maintenance of medical release information is the responsibility of the team coach or manager; if I need to complete a medical release form, I will contact the appropriate party. Furthermore, I also agree that participation grants Guenette Performance Academy and its agents the right to take and utilize photographs without any legal or financial obligations.

I have read this agreement, fully understand its terms and have signed it freely and without inducement. Shall any portion of this agreement be held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Date: _____

Print Player Name: _____

Print Parent Name or Guardian: _____

Signature of Parent or Guardian: _____