



FC FLORIDA PREPARATORY ACADEMY, LLC

ATHLETIC RELEASE OF LIABILITY WAIVER

I approve of the attendance of my dependent at the FC Florida Preparatory Academy LLC. ID Camp and certify that he/she is in good health and able to participate in the camp's activities. If there are any physical limitations or medical conditions that may require medical attention, I will submit a note explaining the circumstances.

I, _____, being the legal guardian of the participant, authorize the FC FLORIDA PREPARATORY ACADEMY, LLC and its agents permission to request treatment as necessary to ensure the well-being of my dependent. I hereby give my consent to FC FLORIDA PREPARATORY ACADEMY, LLC to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted through the course of my dependent's participation in sponsored camp activities. I am fully aware of and appreciate the risks associated with my dependent participation in camp events. I hereby agree to save and keep harmless the FC FLORIDA PREPARATORY ACADEMY, LLC and its agents, and employees against any and all liability, claims, judgments, or demands for damages arising as a result of injuries sustained by the participant during or as a result of any course given the participant of the FC Florida Preparatory Academy ID Camp.

I understand that attendance at a soccer camp carries certain risks of injury and I assume all risks resulting from participation in this camp. I understand that the camp is not operated or controlled by The Pine School and will hold harmless The Pine School, its Trustees, officers, employees, agents, and any and all affiliated departments from any and all liability, causes of action, claims, and demands of every kind of nature whatsoever which may arise in connection with or resulting from participation in any of the camp activities.

I understand that pictures are taken during some camps and that these pictures may be used on the FC Florida Preparatory Academy website and/or other publications. In consideration of being allowed to participate in the event or activity referenced above, I acknowledge, appreciate, and agree that:

1) The risk of injury from the activities involved in this program 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,

2) 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,

3) 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; and,

4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Releasees, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, 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 SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PLEASE COMPLETE ALL SECTIONS

(Participant/Member Name: PLEASE PRINT)

Address: _____

Signature: _____

Email Address: _____

EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT PHONE: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. I further agree to the photographic and video release set forth above.

Parent/Legal Guardian Name (PLEASE PRINT)

Address: _____

EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT PHONE: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Participant Name: _____

Participant Age: _____