

## **Liability Waiver - Minor**

By agreeing you will waive certain legal rights, including the right to sue. Please read carefully.

### **ASSUMPTION OF RISK**

I expressly acknowledge and understand that participation in sports and/or similar activities involves the risk of physical injury, greater than that encountered in daily life, and by allowing my child to participate in same, I acknowledge and assume the risk inherent therein. I further acknowledge and understand that by participating in the activity my child could become seriously injured which may result in death or permanent injury.

I acknowledge the rules of participation and safety posted by Mount Hope Sports Academy, its directors and employees and agree to instruct my child to follow such rules.

### **RELEASE OF LIABILITY, WAIVER AND INDEMNITY**

I understand and accept that Mount Hope Sports Academy, its directors and employees accept no responsibility, and shall not be liable for any loss, damage, expense or injury, including death, that I may suffer as a result of my child's participation, due to any cause whatsoever. In consideration of my child being permitted to participate, I hereby agree to waive any and all claims and release Mount Hope Sports Academy, its directors and employees from any and all liability for loss, damage, expense or injury, including death, that my child may suffer as a result of their participation, due to any cause whatsoever. I agree to hold harmless and indemnify Mount Hope Sports Academy, its directors and employees from any and all liability for property damage or personal injury sustained by any third party as a result of my child's participation, due to any cause whatsoever.

### **MEDICAL RELEASE**

I certify that my child is in good physical and mental health and is fit to participate at Grandview Adventists Academy, Mount Hope Sports Academy, and/or activities provided and authorized by Mount Hope Sports Academy, its directors and employees, including the use of associated equipment.

I consent to the administration of first aid and other medical treatment to my child in the event of injury or illness and hereby release and indemnify, Grandview Adventist Academy and Mount Hope Sports Academy, its directors and employees from any and all liability or claims arising out of such treatment.

### **PHOTO RELEASE**

I hereby authorize Mount Hope Sports Academy, its directors, employees and agents to utilize my child's photographic representation (ie video, photograph, etc.) to promote Mount Hope Sports Academy programs.

**I have read and understood it, and I agree to be bound by its terms.**

Please sign here: \_\_\_\_\_