



TRINITAS ACADEMY
HOME OF THE TIGERS



SPORTS PARTICIPATION RELEASE FORM

*****Please read carefully before signing.**

By my signature(s) below, I certify and confirm that I am the parent or legal guardian of

_____, a player (“Athlete”) who desires to participate in the **SPORTS PROGRAM at Trinitas Academy**. I also desire that Athlete be allowed to participate in soccer matches.

As a parent or legal guardian, and individually, I acknowledge that Athlete’s participation in any games, involves a risk of injury to Athlete. As a parent or legal guardian for Athlete, and despite such risk, I expressly assume that risk of injury to Athlete, a minor child, and to induce **Trinitas Academy** to permit Athlete to participate, I enter into this Agreement, and I agree and confirm the following:

(1) Athlete is physically fit and able to participate in all respects in **Trinitas Academy Sports**; and

(2) I hereby release, and agree to fully indemnify and hold **Trinitas Academy** and the members, directors, officers, employees, volunteers, vendors, insurers, attorneys, and agents of **Trinitas Academy** (“Indemnitees”) harmless from any and all claims, demands, actions, causes of action, losses, damages, or liability (including, without limitation, all expense of litigation, court costs, and attorneys’ fees) for any injury to or death of Athlete or to any other person whatsoever. Without limiting the scope of the foregoing, this Release and Indemnity Agreement specifically includes any and all claims in any way arising out of or related to Athlete’s participation in **Trinitas Academy Sports**, including, without limitation, any participation in a off-Campus game, and any claims for medical expenses, pain and suffering, physical disfigurement, mental anguish, emotional distress, loss of consortium, or for lost wages, or any injury to any property received or sustained by any person or property, **EVEN IF SUCH CLAIM IS BASED ON A CLAIMED NEGLIGENT ACT OF ANY OF THE INDEMNITEES.**

Further, the undersigned agrees that **Trinitas Academy** has no right of control or influence on the safety or security of the premises on which the games occur or any person or property entering onto such premises.

PLAYER MEDICAL AUTHORIZATION

Further: (i) I understand and agree that the Indemnitees, collectively or individually, do not assume any financial responsibility for any medical services and/or treatment incurred by Athlete, or the undersigned for Athlete, or provided by any hospital, physician, or any other health care provider to Athlete.

(ii) I hereby certify that Athlete is covered for illness and/or injury (including without limitation illness and/or injury occurring in the USA) by medical insurance provided by:

NAME OF INSURANCE COMPANY _____

POLICY NUMBER _____

ADDRESS OF INSURANCE COMPANY

CITY STATE OR COUNTRY ZIP/POSTAL CODE _____

(iii) if I did not complete (ii) above, I hereby certify that Athlete is not covered by medical insurance nor by medical insurance that provides coverage for illness and/or injury occurring in the USA, and I agree that I am fully responsible in all respects, including, without limitations, any financial obligations, for any medical services/treatment rendered for illness/injury suffered by Athlete before, during, or after camps, and I agree that payment or arrangement for payment for said medical services/treatment will be made to/with the provider at the time service is rendered to Athlete.

Also, by my signature below, I hereby give my consent and permission for the Athlete to be medically and/or surgically treated for injuries and/or illness of any kind or seriousness. Further, I give my consent and permission to the physician and/or hospital and/or other health care provider selected to provide medical or surgical treatment, including, without limitation, dental care, hospitalization, injection, anesthesia, invasive surgery or any other form or kind of medical or surgical care (emergency or otherwise) for the Athlete.

This Agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the Circuit Court of the Judicial District in and for Broward County (or if such Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said country and having subject matter jurisdiction), and I specifically waive right to trial by jury. I certify I am 18 years of age or older.

I AM SIGNING THIS AGREEMENT/AUTHORIZATION IN MY INDIVIDUAL CAPACITY AND ON BEHALF OF PLAYER (A MINOR CHILD) NAMED ABOVE, OF WHOM I AM PARENT OR LEGAL GUARDIAN.

(If this document is signed by two persons, each agrees that they are jointly and severally responsible for the obligations stated herein.)

_____ Age _____

Print Full Name of Athlete

Signature of Parent/Guardian (circle one) Date of Signature

Residence Address City, County, State and Country

Emergency Contact Information: Office _____

Cell Phone _____

Print Full Name Signature of Parent/Guardian (circle one) Date of Signature

Residence Address City, County, State and Country

Emergency Contact Information: Office _____

Cell Phone _____