

Off-Season Academy LLC Youth Activity Waiver

I, _____ (print), the undersigned parent/legal guardian, hereby give permission for my child _____ (print) to take part in the Football Skill Development Program with Off-Season Academy LLC. Should my child require immediate or emergency medical care while engaged in an activity sponsored by Off-Season Academy LLC, in my absence, I hereby grant Off-Season Academy LLC authority to release my child for medical treatment to such medical personnel as Off-Season Academy LLC determined appropriate under the circumstances and to provide for transportation to a health care provider. I acknowledge that I shall be solely responsible for the cost of my child's treatment. In consideration for the privilege of allowing my child to participate in the above-named activity, I assume all risk involved in engaging in the activity. I further agree to **release and hold harmless** Off-Season Academy LLC, its members, employees, volunteers, and agents, from any liability to or responsibility for bodily injury, damage, illness, or death to the above-identified child while participating in any activity which may be directly or indirectly sponsored by Off-Season Academy LLC. Further, I agree to **indemnify** Off-Season Academy LLC, its members, employees, volunteers and agents for any costs, including actual attorneys fees, incurred in defending against any legal account arising out of the bodily injury, illness or death of my child. The undersigned person acknowledges that they are legally authorized to execute this document on behalf of the child set forth above. They further acknowledge that there are inherent risks relative to any football activity and that I freely assume all risks associated with the activities set forth herein or other activities with Off-Season Academy LLC in the future without the need to execute a separate Waiver.

PLEASE READ CAREFULLY, THIS PERMISSION SLIP IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION.

This Waiver shall remain in full force and effect for a period of five (5) years from the date set forth below.

Signature of Parent or Legal Guardian _____ Date _____

Telephone Number (Cell) _____; (Home) _____; (Work) _____

Emergency Contact: _____ Emergency Number _____

Special Instructions, Allergies or Medical Conditions: _____
