

ALL NATIONS SPORTS ACADEMY PROGRAMS RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

In consideration for the permission granted to me or my minor child/ward, listed above, to participate in activities associated with All Nations Sports Academy ("ANSA") programs or related events and activities, the Undersigned acknowledges, appreciates, and agrees that:

1. Assume Risks - The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. FOR MYSELF, SPOUSE AND CHILD, 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 child's participation.

2. Readiness to Participate - I willingly agree to comply with the program's stated and customary terms and conditions for participation and my child is in good health to participate. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove myself or my child from participation and bring such to the attention of the nearest official immediately.

3. Release - I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE ALL NATIONS SPORTS ACADEMY**, its 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 incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

4. Indemnify and Hold Harmless - I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY INDEMNIFY AND HOLD HARMLESS** all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

5. Permission to Photograph and Videotape - I, for myself, my spouse, my child, give permission for ANSA and partners to photograph and video activities that include my child. These photographs and videos will only be used to promote programs and events for ANSA and partners on our websites, social media and other media outlets.

6. Transportation - I give my permission for my child to be transported by All Nations Sports Academy in adult-driven vehicles (parents, employees and volunteers).

7. Payment for Damage - I agree on behalf of myself and my child not to damage or destroy the soccer field(s) or court(s), its equipment and related facilities. In the event that the soccer field(s) or court (s), its equipment and related facilities are damaged or destroyed, I agree to pay reasonable and necessary repair costs for such damages.

8. Medical Care - I grant my authorization and consent to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the designated adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

9. Authority to Sign - I affirm that I am eighteen (18) years of age or older and I am the parent or legal guardian for my child for whom I sign this Voluntary Waiver and Release from Liability and Indemnity Agreement. I have authority to sign on behalf of my child.

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.