

San Diego Sports Academy Release of Liability Waiver / Inherent Risk and Participation Agreement
PLEASE READ CAREFULLY!

In consideration of being allowed to participate in the San Diego Sports Academy program, I have read and acknowledge that:

The San Diego Sports Academy participants will play various sports, some that could involve forceful contact with the ground or another player. The sports are also often played during hot, humid sessions. Because of these conditions inherent to the sports, participating in some of these sports exposes an athlete to many risks of injury. Those injuries include, but are not limited to, death; paralysis due to serious neck and back injuries; brain damage; damage to internal organs; serious injuries to the bones, ligaments, joints and tendons; heatstroke; and general deterioration of health. Such injuries can result not only in temporary loss of function, but also in serious impairment of future physical, psychological and social abilities, including the ability to earn a living.

In an effort to make the sports as safe as it can be, the coaching staff will instruct players concerning the rules of each sport and the correct mechanics of all skills. It is vital that all athletes follow the coaches instructions, training rules and policies to decrease the possibility of serious injury.

- 1) The San Diego Sports Academy does not maintain health insurance for the participants involved in this program.
- 2) I knowingly and freely assume all such risk for myself and/or child.
- 3) I release and hold harmless and promise to waive future legal action against the San Diego Sports Academy, the City of San Diego, partnering agencies, or any of their respective officers, agents or employees with respect to any and all injury, paralysis, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
- 4) I agree to inform my child that he/she must follow the code of ethics for participants, all safety rules, as well as any others given at the clinics and camps.
- 5) I hereby authorize and give consent for medical care to be given in an emergency situation to my child while he/she is participating in the G.S.A. clinics.
- 6) This agreement is binding on my spouse, heirs, next of kin and personal representatives.

School: _____ For School Year 20 ____ / 20 ____

Name: _____ Teacher: _____ Grade: _____

Parent's Name: _____ Phone #: (____) _____

After the sports program ends, child will be (circle one): **picked up** or **taken to After-School Care Program**

E-Mail Address: _____

Parents Signature: _____ Date _____

Emergency Contact Name _____ Phone _____