

ADVANTAGE ACADEMY OF HILLSBOROUGH, INC.
d/b/a ADVANTAGE ACADEMY OF HILLSBOROUGH
Hillsborough County, Florida
INFORMED CONSENT AND GENERAL RELEASE FROM LIABILITY -
INTERSCHOLASTIC/CLUB/SCHOOL SPORTS PARTICIPANTS

Because participation in Interscholastic/Club/School sports activities can be dangerous, Advantage Academy of Hillsborough, Inc. d/b/a Advantage Academy of Hillsborough requires all participants and their adult parent(s) or guardian(s) to be informed of, acknowledge, and assume all risks associated with participation in interscholastic sports activities by signing this Informed Consent and General Release from Liability.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ADVANTAGE ACADEMY OF HILLSBOROUGH, INC. d/b/a ADVANTAGE ACADEMY OF HILLSBOROUGH USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ADVANTAGE ACADEMY OF HILLSBOROUGH, INC. d/b/a ADVANTAGE ACADEMY OF HILLSBOROUGH IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ADVANTAGE ACADEMY OF HILLSBOROUGH, INC. D/B/A ADVANTAGE ACADEMY OF HILLSBOROUGH HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Acknowledgment and Assumption of Risks: I acknowledge and understand there are inherent risks and dangers associated with playing interscholastic sports which include, but are not limited to, personal injury, death, permanent disability, disfigurement, disease, sickness, and other similar dangers which could result and which my child could suffer as a consequence of his/her participation in sports activities. I further acknowledge and agree that Advantage Academy of Hillsborough, Inc. d/b/a Advantage Academy of Hillsborough is not the guarantor of my child's safety, cannot guarantee my child's safety, and has made no representation or warranty to me regarding my child's safety. I expressly assume any and all risks and dangers associated with my child's participation in sports activities and assume full responsibility and liability for any and all injury and loss resulting from such participation.

Consent and Release From Liability: For and in consideration of my child being permitted to participate in the Advantage Academy of Hillsborough, Inc. d/b/a Advantage Academy of Hillsborough interscholastic sports activities, I hereby voluntarily release, discharge, waive, and relinquish any and all claims or actions for damages for personal injury, permanent disability, death, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my child's participation in interscholastic sports activities during play and while I am/my child is at the facility while others play or for any other reason. This release is intended to discharge, in advance, Advantage Academy of Hillsborough, Inc. d/b/a Advantage Academy of Hillsborough, its officers, employees and agents, and the owners and maintainers of any facility used for the activities, from any and all liability arising out of or connected in any way with my child's participation in sports activities, including sports camps or clinics, even though that liability may arise out of negligence or carelessness on the part of Advantage Academy of Hillsborough, Inc. d/b/a Advantage Academy of Hillsborough, its officers, agents or employees. I agree to assume all risks and dangers associated with my child's participating in sports activities, and I hereby release and hold harmless Advantage Academy of Hillsborough, Inc. d/b/a Advantage Academy of Hillsborough, its officers, employees or agents and the owners and maintainers of any facility used for the activities, its officers and agents used for the activity, who through negligence or carelessness might otherwise be liable to me or to my child (or my heirs or assigns) for damages. I further agree to indemnify and hold harmless Advantage Academy of Hillsborough, Inc. d/b/a Advantage Academy of Hillsborough, its officers, employees and agents for any loss, liability, damage, cost or expense which they may incur as a result of any injury or property damage I or my child may sustain while participating in the activity. I further understand and agree that this release, discharge, waiver, and assumption of risk is to be binding on my and my child's heirs, executors, administrators, and assigns.

Voluntary Participation: Fully informed and knowing of the risks, I have voluntarily applied for my child to participate in the Advantage Academy of Hillsborough, Inc. d/b/a Advantage Academy of Hillsborough interscholastic sports activities. I agree to comply with the program's stated and customary terms and conditions for participation according to Advantage

Academy of Hillsborough, Inc. d/b/a Advantage Academy of Hillsborough. If I observe any significant changes with regard to my child's readiness for participation in the program, I will remove my child from the program immediately.

I have read this Informed Consent/General Release from Liability and agree it is a full release from liability and waiver of any and all claims on behalf of myself and my child, and I am relinquishing rights by voluntarily signing this document.

Signature of Parent/Guardian: _____ Date: _____

Address: _____ City: _____ Zip: _____

I have read this Informed Consent/General Release from Liability, I acknowledge and understand the seriousness of the risks involved in participating in this program and my personal responsibilities for adhering to rules and regulations, and I assume the risks and accept the responsibilities as a participant. (To be signed by all players/participants who are age 12 and older.)

Name of Participant (Print): _____ DOB: _____

Participant's Signature: _____ Date Signed: _____