



ELITE REGISTRATION FORM

FIRST NAME: _____ **LAST NAME:** _____

ADDRESS: _____ **CITY:** _____ **State:** _____

ZIP: _____ **CELL PHONE:** _____ **PARENT/GUARDIAN:** _____

EMAIL: _____ **AGE:** _____ **BIRTHDAY:** _____

POSITION(S): _____ **GRADE:** _____ **SCHOOL/TEAM:** _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")
IN CONSIDERATION of being permitted to participate in any way in ELITE FOOTBALL ACADEMY LLC & ELITE PERFORMANCE ACADEMY LLC activity ("Activity") I, for myself, for personal representatives, assigned heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of ELITE FOOTBALL ACADEMY LLC & ELITE PERFORMANCE ACADEMY LLC Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND THAT: (a) ELITE FOOTBALL ACADEMY LLC & ELITE PERFORMANCE ACADEMY LLC ACTIVITIES INVOLVE RISK AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own action or inaction, the action or inaction of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me nor readily foreseeable at this time, and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE ELITE FOOTBALL ACADEMY LLC & ELITE PERFORMANCE ACADEMY LLC, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, including Elite Performance Academy, LLC (expressly considered one of the "Releasees" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such a claim.

4. PHOTO, VIDEO, AND MEDIA RELEASE

I knowingly, voluntarily, and irrevocably grant ELITE FOOTBALL ACADEMY LLC & ELITE PERFORMANCE ACADEMY LLC, their owners, members, officers, employees, agents, representatives, successors, assigns, and affiliates (collectively, the "Released Parties") the unrestricted right to photograph, record, videotape, livestream, and otherwise capture my name, image, likeness, voice, and/or performance, or that of the minor participant, while participating in any Activity at the facility.

I expressly understand and agree that such recordings and media may be used, without limitation, for training, instructional, evaluation, educational, promotional, advertising, marketing, social media, website, broadcast, internal, and other lawful business purposes, in any medium now known or hereafter developed, in perpetuity, without compensation, royalties, or further consent.

I waive any right to inspect, approve, or control the use, editing, alteration, or distribution of such media and acknowledge that all such media shall be the sole and exclusive property of the Released Parties.

I hereby release, discharge, and hold harmless the Released Parties from any and all claims, demands, actions, damages, or causes of action, whether known or unknown, arising out of or related to the capture, use, publication, or distribution of such media, including but not limited to claims for invasion of privacy, right of publicity, defamation, misappropriation, or emotional distress, to the fullest extent permitted under Missouri law.

For participants under eighteen (18) years of age, I represent and warrant that I am the parent or legal guardian of the minor participant and that I knowingly and voluntarily consent to this media release on behalf of the minor and myself.

-----MINOR RELEASE (For Participants under age of 18) -----

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ELITE FOOTBALL ACADEMY LLC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE, IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAME ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF SUCH A CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

If Age 18 or Older

Participant's Signature : _____ **Date:** _____

If Age 17 or Younger

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature (if Participant is under age 18): _____ **Date:** _____

EMERGENCY CONTACT INFORMATION

My child is allergic to the following medications: _____

Emergency Contact: _____ **Phone #:** _____ **Alternate #:** _____