

**Participant Information:**

- Full Name: \_\_\_\_\_ Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: Ohio ZIP: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Athletes Date of Birth: \_\_\_\_\_

**Emergency Contact Information:**

- Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Waiver and Release of Liability:**

I, the undersigned participant, hereby acknowledge and agree to the following terms and conditions as a participant in athletic drills and training at Aracri Training Academy:

1. **Assumption of Risk:** I understand that participation in athletic drills and training exercises involves inherent risks, including, but not limited to, physical injury, psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, and/or death. I acknowledge that I am voluntarily participating in these activities and fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of my participation.
2. **Release of Liability:** I hereby release, discharge, and covenant not to sue Aracri Training Academy, its owners, employees, instructors, agents, and representatives (collectively referred to as "the Released Parties") from all liability, claims, demands, losses, or damages arising out of my participation in athletic drills and training activities, whether caused or alleged to be caused in whole or in part by the negligence of the Released Parties or otherwise, including negligent rescue operations.
3. **Medical Treatment:** In the event of injury or illness during my participation, I authorize the Aracri Training Academy to secure necessary medical treatment. I acknowledge that the Aracri Training Academy does not provide medical insurance for participants and I shall be responsible for any medical expenses.
4. **Indemnification:** I agree to indemnify and hold harmless the Released Parties from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of my involvement in athletic drills and training at Aracri Training Academy.
5. **Fitness to Participate:** I certify that I am in good physical condition and have no known medical or other conditions that could interfere with my participation in the athletic drills and training activities. I acknowledge that it is my responsibility to consult with a physician prior to and regarding my participation in any physical activity.
6. **Use of Likeness:** I grant permission to the Aracri Training Academy to use my likeness in photographs, videos, or other media for promotional purposes without compensation.
7. **Governing Law:** This agreement shall be governed by the laws of the State of Ohio and any legal action related to or arising out of this waiver shall be commenced exclusively in the courts of Ohio.
8. **Severability:** If any portion of this waiver is held to be invalid or unenforceable, all other provisions shall nevertheless continue in full force and effect.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature (if participant is under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_