HOLD HARMLESS AGREEMENT

Leg-A-Z Sports Academy
P.O. Box 141656
Gainesville, FL 32614

MINOR PARTICIPANT INFORMATION (PLEASE TYPE OR PRINT)

First Name MI Last Name

Street Address, P.O. Box, RR or Hwy

City State Zip Code

Phone Sex Date of Birth Age

PARENT/GUARDIAN INFORMATION (PLEASE TYPE OR PRINT)

First Name MI Last Name

Street Address, P.O. Box, RR or Hwy

City State Zip Code

Phone(Home) Phone(work) e-mail

READ CAREFULLY BEFORE SIGNING

In consideration of the acceptance of my child or ward to participate in the soccer program offered by Leg-A-Z Sports Academy, Inc., I agree, on behalf of my child or ward, to assume the risks incidental to such participation (which may include, among other things, muscle injuries and broken bones) and, on my own behalf, and on behalf of my child or ward, and on behalf of me and my child's or ward's heirs, executor and administrators, release and forever discharge Leg-A-Z Sports Academy, Inc., its officers and its agents, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the participation of my child or ward in such activity, and further agree to indemnify and hold Leg-A-Z Sports Academy, Inc., its officers and its agents harmless against any and or all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees and disbursements. I understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any officers or agents of Leg-A-Z Sports Academy, Inc., and covers bodily injury (including death) and property damages, whether suffered by my child or ward, before, during, or after such participation. I declare that my child is physically fit and has the skill level required to participate in the activities of the Leg-A-Z Sports Academy, Inc. I further authorize medical treatment of my child or ward, at my cost, if the need arises.

This Hold Harmless Agreement shall be effective and apply to the period _____through _____.

I certify that I am 18 years of age or older and that I am entering into this Agreement as the Parent or Legal Guardian for the minor participant listed above that is under 18 years of age.

_____ _____

Date Signature of Parent or Guardian

**********FOR NOTARY PUBLIC ONLY **********

STATE OF FLORIDA
COUNTY OF
_____

The forgoing instrument was acknowledged before me this _____ of
(day)
_____, _____, by _____, who is personally
(month) (year)
known to me or who has produced as an identification _____
(identification)
and who did (did not) take an oath.

_____ Notary Public, Commissioner No. _____
_____ Name of Notary (typed, printed, or stamped)

(SEAL ABOVE)