

Premier Passing Academy Youth Program Waiver & Release of Liability

Program Name: Premier Passing Academy

Program Description: Youth athletic training and skill development in football and related physical activities.

Location: Various locations designated by Premier Passing Academy

Program Dates: June 19th to June 26th, 2025

Acknowledgment of Risk and Responsibility

I, the undersigned, acknowledge that participation in athletic activities, including those associated with the Premier Passing Academy, involves **inherent risks**. These risks include, but are not limited to, physical injuries (ranging from minor to severe), emotional or psychological harm, illness, property damage, or even death.

By signing this document, I voluntarily assume all risks associated with my child's participation in any and all aspects of this program.

Release of Liability

In consideration of my child being allowed to participate in the Premier Passing Academy program, I, on behalf of myself, my child, my heirs, my next of kin, and any personal representatives, hereby:

- **Waive, release, and forever discharge** Premier Passing Academy, its owners, directors, staff, coaches, volunteers, agents, and affiliates (collectively, "the Academy") from any and all liability, claims, demands, or causes of action, known or unknown, arising out of or related to any loss, injury, damage, or harm, including death, that may occur as a result of my child's participation in this program.
 - **Agree not to sue** the Academy or any of its representatives for any injury, damage, or loss suffered by my child during or in connection with the program, regardless of whether such injury or damage is caused by negligence, omission, or any other act or failure to act.
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Medical Authorization

I understand that the Academy does **not provide medical insurance** for participants and that any medical expenses incurred will be my sole responsibility. I authorize Premier Passing Academy staff to obtain medical care for my child if deemed necessary and agree to be financially responsible for all associated costs.

Note: The Academy may carry secondary accident coverage for enrolled participants. Contact us for details.

General Provisions

- I understand that this release is intended to be as broad and inclusive as permitted by the laws of the State of California.
- If any portion of this agreement is held to be invalid, the remainder shall continue in full legal force and effect.

- A copy of this waiver shall be considered as valid as the original.

Participant Information (If Under 18)

Minor's Name: _____

Age: _____

Date of Birth: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Health Insurance Provider: _____

Policy Number: _____

This waiver is a **legal document**. By signing, you acknowledge that you understand and accept the terms outlined above.