

I/on behalf of my minor child, hereafter known as the "Participant", acknowledge that the Participant has voluntarily elected to enroll in Predator Soccer Training and Impact Performance Training, hereafter to be referred to as the "Program", to be held in and around the Metro Atlanta area. participate in any Program activities, events, sessions, I hereby acknowledge and agree to the following:

RULES AND REQUIREMENTS: I, the Participant agree to conduct myself in accordance with Program policies and procedures that are applicable to the Program. I, the Participant, further agree to abide by all the rules and requirements of each activity within the Program. I acknowledge that the Program has the right to terminate Participant's participation in the Program if it is determined that the Participant conduct is detrimental to the best interests of the group, violates any rule of the Program or for any other reason at the Program's discretion.

ASSUMPTION OF RISK: I, the Participant acknowledge that my participation is elective and voluntary. I understand and agree that the Participant will engage in physical activities, including sports activities, which may pose a risk of harm. I understand that these activities include but are not limited to: playing, observing or participating in training activities, including physical and/or athletic activities, or traveling to and from related events. I further understand and agree that the risks involved in this Program may include, but are not limited to: injury resulting from athletic, physical or other game-like activities during training, as a result of the activity area's conditions, the acts of third parties or other unknown safety hazards, injuries resulting from loss of balance and footing during physical activity, injuries due to conditions of equipment, unpredictability of weather and conditions, wildlife, first aid operations or procedures of Releasees and/or others, and that there may be other risks not known to me or not reasonably foreseeable at this time. By participating, the Participant could sustain serious personal injuries, illness, property damage, or even death as a consequence of not only Program actions or inactions, but also the actions, inactions, negligence or fault of others, the conditions of equipment used, facility conditions, weather conditions, negligent first aid operations and procedures and I understand that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, property damage, disability, or death that the Participant may sustain by any means is my sole responsibility except for those occurrences due to Program gross negligence or intentional acts.

RELEASE AND WAIVER OF LIABILITY: I, the Participant on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Program, its governing board, directors, officers, employees, agents, volunteers and any students (hereinafter referred to as "Releasees") for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage or death that the Participant may suffer as a result of Participant participation in the Program, regardless of whether the injury, damage or death is caused by the Releasees, unless the injury damage or death is caused by the Releasees' gross negligence or intentional acts, and regardless of whether the injury damage or death occurs while in, on, upon, or in transit to or from the premises where the program, or any adjunct to the program, occurs or is being conducted. I further agree that the Releasees are not in any way responsible for any injury or damage that the Participant sustains as a result of their own

negligent acts. I, the Participant give permission for the Program and Releasees to videotape and photograph the Participant, with any media to be collected and used for promotional or educational purposes on any of the Program digital and traditional media platforms and outlets.

PERSONAL MEDICAL INSURANCE: I, the Participant agree to purchase and maintain during the term of my time with Program, personal medical insurance for the Participant. Participant further acknowledges that they are responsible for the cost of any and all medical and health services the Participant may require as a result of participating in the any activities or events offered by the Program.

FITNESS TO PARTICIPATE: I attest that the Participant is physically and mentally fit to participate in the activities with Program and that the Participant does not have any medical record of history that could be aggravated by their participation in the Program.

MEDICAL CONSENT: I, the Participant understand and agree that Releasees may not have medical personnel available at the location of the Program activities or events. The Participant agrees that in the event of an emergency, permission is given to Program to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat the Participant. The Participant understands and agrees that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

CHOICE OF LAW: I hereby agree that this Agreement shall be construed in accordance with the laws of the State of Georgia.

SEVERABILITY: If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby. I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.

I certify that I have custody of Participant or am the legal guardian of Participant by court order. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY [INSTITUTION].

PHOTO RELEASE AGREEMENT I, _____ hereby voluntarily permit my child (parent/guardian name) to be photographed/video recorded in any and all activities and used for any and all social media or marketing purposes by IMPACT Performance Training.
Signature: _____ Date: _____