



MVP Sports Academy LLC - Consent, Waiver and Release

(PARTICIPANT'S NAME)

(DATE OF BIRTH)

I hereby consent to my participation in any and all activities at MVP Sports Academy. I also consent to my spouse, children and any other members listed on my account to participate in MVP Sports Academy's Classes, Parties, Camps & Clinics, Private Lessons, Team Lessons/Practices or any other activity hosted at MVP Sports Academy. I represent that myself and all parties listed as other family members under my account are qualified, in good health and in proper physical condition to participate in such activities.

I hereby release, forever discharge, covenant not to sue, and agree to save and hold harmless MVP Sports Academy from all liability, claims, demands, losses or damages on my account, caused by, or alleged to be caused by, in whole or in part, the action, inaction and/or negligence of MVP Sports Academy, and further agree, that if I, my family members or anyone acting on behalf of me or my family members makes a claim against MVP Sports Academy that I will indemnify, save and hold harmless MVP Sports Academy from any litigation expense, attorney's fees, loss, liability, damages or cost incurred as a result of such claim.

In the event myself or any family members are injured while participating in the MVP Sports Academy program, and an emergency contact person is not available to take responsibility for treatment, I authorize MVP Sports Academy to consent to any medical or dental treatment recommended by an appropriate medical or dental professional and I agree to pay for any costs or expenses of treatment rendered pursuant to this authorization.

(DATE)

(GUARDIAN'S SIGNATURE)

(PRINT GUARDIAN'S NAME)

(E-MAIL)

(PHONE)