COACH LO'S ACADEMY, LLC

WORK THAT GETS RESULTS

PARTICIPATION AGREEMENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY AND MEDICAL AUTHORIZATION

PARTICIPANT INFORMATION

Participant Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____ **Phone:** _____

Email: _____ **Program/Sport:** _____

Address: _____

RELEASE OF LIABILITY

In consideration for being permitted to participate in any program, event, camp, clinic, tournament, private lesson, educational activity, travel activity, or other activity sponsored, operated, organized, endorsed, or conducted by Coach Lo's Academy, LLC, the undersigned participant and/or parent/legal guardian hereby releases, waives, discharges, and covenants not to sue Coach Lo's Academy, LLC, its affiliates, subsidiaries, successors, assigns, owners, officers, directors, executives, employees, coaches, trainers, instructors, volunteers, sponsors, vendors, independent contractors, agents, representatives, and any and all participating locations, facilities, schools, churches, municipalities, parks, sports complexes, property owners, landlords, facility operators, and event hosts (collectively, the Released Parties).

This release applies to any and all claims, demands, actions, causes of action, liabilities, damages, losses, expenses, costs, attorney fees, injuries, illnesses, property damage, disability, death, or other losses of any kind arising out of or related to participation in Academy activities, whether occurring on or off Academy premises. The undersigned further agrees to indemnify, defend, and hold harmless the Released Parties from claims arising from the participant's actions, conduct, or participation.

This release applies to claims arising from:

- Athletic participation
- Training activities
- Camps and clinics
- Competitions and tournaments
- Educational programs
- Transportation activities
- Use of facilities or equipment
- Acts or omissions of participants, spectators, volunteers, coaches, contractors, or third parties

FACILITY AND LOCATION RELEASE

The participant and/or parent acknowledges that Coach Lo's Academy conducts activities at various third-party locations including, but not limited to, schools, churches, parks, athletic fields, recreation centers, sports complexes, training facilities, gyms, community centers, and other venues.

The participant and/or parent agrees that any such participating location shall be considered a Released Party under this Agreement and shall be entitled to the same protections, waivers, releases, indemnifications, and limitations of liability afforded to Coach Lo's Academy. The participant and/or parent expressly releases any participating location from liability for injuries, damages, losses, claims, or causes of action arising from participation in Academy activities except where prohibited by applicable law.

ACKNOWLEDGMENT OF UNDERSTANDING

I certify that I have carefully read this Agreement and fully understand its contents. I understand that by signing this Agreement, I am voluntarily giving up substantial legal rights, including the right to sue the Released Parties for claims arising from participation in Coach Lo's Academy activities. I acknowledge that I am signing freely and voluntarily and intend my signature to be a complete and unconditional release of liability to the fullest extent permitted by Texas law. I further certify that all information provided is true and correct.

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

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EMERGENCY CONTACT INFORMATION

Primary Emergency Contact Name:

Relationship: **Phone:**

Secondary Emergency Contact Name:

Relationship: **Phone:**

MEDICAL INFORMATION AND AUTHORIZATION

Medical Conditions/Allergies:

Current Medications:

Primary Physician: **Physician Phone:**

Medical Insurance Provider: **Policy Number:**

I hereby authorize Coach Lo's Academy, LLC and its representatives to obtain medical treatment for the participant named above in the event of injury, illness, or medical emergency. I authorize any licensed physician, hospital, or medical facility to provide necessary care. I agree to be responsible for all medical costs associated with such treatment.

Parent/Guardian Signature: **Date:**

PHOTO / VIDEO RELEASE

I grant permission for Coach Lo's Academy, LLC to use photographs, video recordings, and/or interviews of the participant for promotional, marketing, educational, website, social media, and other publications. Select one option below.

☐ Yes, I consent ☐ No, I do not consent

Parent/Guardian Signature: **Date:**

COACH LO'S ACADEMY AUTHORIZATION

Academy Representative Name:

Title: **Date:**

Representative Signature:

Witness Name (Optional): **Date:**

Witness Signature:

This Agreement remains in full force for all Coach Lo's Academy activities until revoked in writing.

Revocation shall not apply retroactively to previously attended activities.