Authorization and Release of Liability

Please read this document carefully before signing as it limits your rights and your child's rights. Please sign below to indicate your agreement. NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.

AUTHORIZATION AND RELEASE OF LIABILITY
I, the parent, or guardian of the above-named child, authorize the participation of my child in Intense Fitness by Ifoma, LLC DBA ACES Volleyball School (herein being referred to as ACES VB School) program (the "Program"). My child will participate in the PROGRAM noted at the time of registration. In consideration of the privilege of my child's participation in the Program, the undersigned individual states as follows:

I understand the nature of the Program. I understand that this Program is a sports program for youth and that my child's participation is voluntary.

I understand the risks associated with my child's participation in the Program. I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury, illness, and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, communicable disease such as influenza, MRSA, and COVID-19, myocarditis, collision or dispute with other participants, weather related injuries, playing area and equipment defects, the lack of immediate availability of medical care or
medical facilities, (the "Risks"). ON BEHALF OF MY CHILD AND ME, I FULLY AND VOLUNTARILY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES INCURRED BY MY CHILD AND ME AS A RESULT OF MY CHILD'S PARTICIPATION IN THE PROGRAM.

RELEASE - My Child's Rights.
I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE INTENSE FITNESS BY IFOMA, all other persons associated with the Program (collectively, the "Released Parties") and each of them, of and from, and do discharge and waive, any and all claims, including negligence, demands, losses, damages, and liabilities that my child may have or sustain, including attorney's fees and costs, with respect to any and all property damage, economic loss, medical expense, personal injury, illness, and other expense, injury or harm,

and/or death, arising directly or indirectly from my child's participation in activities with the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities. The foregoing sentence shall apply (without limitation) to all claims, demands, losses, damages, and liabilities, including claims of negligence, arising directly or indirectly from participation in any activities with the Program.

RELEASE - Parent/Guardian Rights.
I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Release Parties, and each of them, of and from, and do discharge and waive, any and all claims, including negligence, demands, losses, damages, and liabilities that I as the parent / guardian of my child may have or sustain, including attorney's fees and costs, with respect to any and all property damage, economic loss, medical expense, personal injury, illness, and other injury or harm, and/or death arising directly or indirectly from the participation of my child in activities with the Program, including without limitation the Risks described above. The foregoing sentence shall apply (without limitation) to all claims, demands, losses, damages, and liabilities, including claims of negligence, arising directly or indirectly from participation in any activities with the Program.

INDEMNIFICATION.
The covenants and undertakings of this Release are given for and shall be binding upon me and my child's, family, heirs, estate, next of kin, executors, administrators, legal representatives, beneficiaries, successors and assigns. I AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS the Released Parties, and each of them, from and against any and all claims, demands, losses, damages, attorney's fees and costs, expenses, and liabilities made against or incurred by any of them, including those for indemnity, contribution or otherwise, arising from my child's participation in the Program activities and the Risks, whether resulting from claims, actions or lawsuits asserted by me or by another person against the Released Parties, except to the extent prohibited by applicable law.

This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors, and assigns. I acknowledge and consent that registration will allow

ACES VB School to obtain access to personal information regarding me and my child participant. I agree that ACES VB School may use such personal information in a manner consistent with Conditions of Use and Privacy as amended from time to time.

PARTICIPATION AND SAFETY

I understand that participation in the program may involve prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize ACES VB School, its staff, volunteers to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. My signature also indicates that all legal guardians are aware and consensual with the participation of the above-named child

By entering my full name, I certify I am parent, guardian, or other adult with legal parental authority to complete this registration. I have reviewed, understand, and agree to the Authorization and Release of Liability.

Parents Name _____

Today's Date_____

Signature_____ _____

Parental/Guardian Consent Form

Childs Name_____

ACES is sending you this parental consent form to both inform you and to request permission for your child's video/photo/image to be shared on ACES website or social media outlets. As an organization ACES wants to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. If you as the parent or guardian, wish to rescind this agreement, you may do so at any time by informing ACES Program Director through email or verbal communication and such rescission will take effect immediately.

Check one of the following choices:

- o I/We GRANT permission for a video/photo/image that includes this child without any other personal identifiers to be published on ACES website, Facebook page, or other social media outlets and publications.
- o I/We DO NOT GRANT permission for video/photos/images that include this student to be published on the congregation's website, newsletter, bulletin, Facebook page, or other social media outlets and publications.

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Relationship to Child: _____ Date: _____