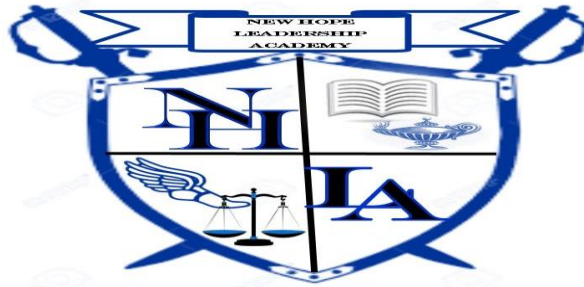


NEW HOPE LEADERSHIP ACADEMY



ATHLETIC WAIVER & FIELD RELEASE

Participant's Name: _____ Parent/Guardian: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Does the athlete have any physical conditions or allergies? If yes, please note: _____

WAIVER: I understand that in taking part of these try-outs and/or athletic activities, there is a risk of injury that I am assuming. The risk of such injury will **NOT** be covered by the program, its insurance or the facility in which this event is taking place. I agree to hold harmless the team, program, coaches or my teammates for any injuries received while participating in any New Hope Leadership Academy sponsored or associated events.

I hereby certify that I am in normal health, have had a physical within the past year and I am capable of participating in any and all New Hope Leadership Academy (NHLA) sponsored and associated events.

I give consent for authorized NHLA representatives to take me for medical care in an emergency situation. I understand that all efforts will be made to notify the emergency contact listed above prior to such action and the expenses, if any, will be settled by me.

I acknowledge and agree that my participation in the New Hope Leadership Academy to be held at any athletic facility (Stadium Football Field) or gym secured by the New Hope Leadership Academy during the 2020-2021 and 2021-2022 season is completely voluntary. I also agree that the New Hope Leadership Academy nor any athletic facility (Stadium Football Field) or gym in which athletic games/events held will NOT be held liable for any injuries incurred on the respective properties.

Signature of Applicant (Parent printed name & signature if applicant if under 18yrs)

Date _____

NEW HOPE LEADERSHIP ACADEMY

RELEASE OF INFORMATION

I, _____, the undersigned, hereby authorize the following individual, agency, institution or organization, **New Hope Leadership Academy**, to release and provide information to any entity regarding my academic/athletic affairs. I also, hereby authorize any college/university, sports program or athletic coach/program to release all requested information on me to **New Hope Leadership Academy**. I understand that this release is valid for a period of two years from the signed date below.

Signature

Date

