



PHOTO AND LIKENESS RELEASE FORM

I hereby grant **SYNERGY ATHLETIC SOLUTIONS, LLC** permission to use my likeness in photographs, videos, or other digital media ("Photos") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all Photos will become the property of **SYNERGY ATHLETIC SOLUTIONS, LLC** and will not be returned.

I hereby irrevocably authorize **SYNERGY ATHLETIC SOLUTIONS, LLC** to edit, alter, copy, exhibit, publish, or distribute these Photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the Photos.

I hereby hold harmless, release, and forever discharge **SYNERGY ATHLETIC SOLUTIONS, LLC** from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO AND LIKENESS RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR IF I AM UNDER 18 YEARS OF AGE I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Signature

Date

Print Name

Parent/Guardian Signature

Date

Print Name

Parent/Guardian Signature

Date

Print Name

ATHLETICS PARTICIPATION PERMISSION ,WAIVER, RELEASE AND INDEMNITY AGREEMENT

I/We, _____, am/are the parent(s) or legal guardian(s) of _____ (the “Athlete”). I/We hereby give full consent and permission for the athlete to participate in the Synergy Athletic Solutions (“SAS”) physical evaluation and training program in the sport or sporting event of soccer (“Athletic Activity”). I/We understand that the athlete’s participation is completely voluntary. I/We do hereby affirm and acknowledge that I/we have been fully informed of the inherent hazards and risks associated with the Athletic Activity.

In consideration of the athlete being permitted to participate in the Athletic Activity, the undersigned parent(s) or legal guardian(s) of the Athlete, hereby agree(s) to the following terms and conditions set forth below:

1. **Participation**: Permission is granted for the athlete to participate in the Athletic Activity with the understanding that Participation in this Athletic Activity is not required but is voluntary.
2. **Risks**: I/We understand and acknowledge that certain risks are inherent in participating in all sports or sporting events, including this Athletic Activity, and that those risks include but are not limited to:
 - a) Colliding, hitting, rushing, running into, or making physical contact with opposing players, the athlete's teammates, coaches, athletic staff, referees, or spectators;
 - b) Falling, diving, sliding, running into or making physical contact with the ball, ground, wall, objects, or athletic equipment;
 - c) Minor injuries such as scratches, bruises, and sprains;
 - d) Serious injuries such as eye injury or loss of sight, neck or spinal cord injuries, joint or back injuries, concussions, serious brain damage, fractures, ligament and/or cartilage damage, and injury to virtually all internal organs;
 - e) Catastrophic injuries including paralysis and death;
 - f) The dangers inherent in any type of transportation, including driving in private cars, buses, or any other type of private or public transportation to and from the Athletic Activity; and
 - g) The dangers being in a place open to the public.

I/We also understand and acknowledge that there are certain additional risks inherent in the Athletic Activity, including but not limited to:

- a) Exposure to harsh or extreme weather, climate or environment;
- b) Exposure to bug bites;
- c) Exposure to snake bites.

I/We assume liability and responsibility for any such risks associated with participation in the Athletic Activity, whether described in this Agreement, known or unknown, inherent or otherwise.

3. **Expectations:** I/We understand and acknowledge that the Athlete is expected to abide by all SAS rules during the course of the Athletic Activity and conduct him or herself in an exemplary social manner and display good sportsmanship at all times. I/We agree to direct the Athlete to cooperate with the SAS rules and directions of the coaches or other supervisory personnel in charge of the Athletic Activity. I/We understand that SAS has the authority to remove the Student from the Athletic Activity and deny the Athlete's participation in the Athletic Activity. SAS expects parents and legal guardians to model polite behavior and show support for effort and good play. SAS coaching staff, referees, teammates, and opposing players and coaches are to be treated with respect at all times.
4. **Hold Harmless:** I/We acknowledge that, as a condition of the Athlete's participation in this Athletic Activity, I/we hold harmless and waive any and all claims against SAS, its officers, members, employees, representatives, agents, students, and volunteers, including but not limited to, claims arising out of any ordinary negligence of any officer, member, representative, agent, student, or volunteer of SAS, or any loss or damage to personal property occurring during or by reason of the Athlete participating in this Athletic Activity.
5. **Release from Third Party Liability:** I/We understand that SAS is not an agent of, and has no responsibility for, any third party including without limitation any sponsor or program that may provide any services, equipment, training or activities associated with the above mentioned Athletic Activity.
6. **Indemnification:** As a condition of the Athlete's participation in this Athletic Activity, I/we indemnify SAS for all claims against SAS from other individuals, entities, or other third parties, as a result of the Athlete's participation in the Athletic Activity and/or conduct during the Athletic Activity, including but not limited to any injury, accident, illness, or death, or any loss or damage to personal property.
7. **Medical Care:** I/We consent to any of the staff, employees, agents and representatives of SAS administering or consenting to the administration of such emergency medical care to the Student during the Athletic Activity, as such person deems appropriate in the

circumstances, and hereby authorize medical treatment in case of emergency and to provide all relevant information requested in the emergency and medical information form below.

8. **Medical Insurance:** I/We understand and acknowledge that SAS does not carry or maintain health, medical or disability insurance coverage for the Athlete and therefore I/we agree to assume the responsibility for such insurance coverage on the Athlete for anything that occurs during the Athletic Activity.
9. **Medical Condition:** Prior to the Athlete's participation in the Athletic Activity, I/we agree to provide SAS current information concerning any medical or physical conditions, that SAS should be aware of, that if they arise during or in the course of the Athletic Activity, the Athlete may need immediate medical attention, such as but not limited to, allergies, asthma, and medications, of the Athlete, and names and phone numbers for emergency contact.
10. **Severability:** If any provision of this Agreement is held invalid or unenforceable, the remainder of this Agreement shall nevertheless remain in full force and effect. If any provision is held invalid or unenforceable with respect to particular circumstances, it shall remain in full force and effect in all other circumstances.

[Remainder of Page Intentionally Left Blank]

IMPORTANT – READ ENTIRE AGREEMENT BEFORE SIGNING

I/WE HAVE READ THIS “ATHLETIC PARTICIPATION, WAIVER, RELEASSE AND INDEMNITY AGREEMENT” AND I/WE FULLY UNDERSTAND THAT TERMS. I/WE UNDERSTAND THAT I/WE HAVE GIVEN UP LEGAL RIGHTS BY SIGNING THIS DOCUMENT, AND I/WE SIGN IT FREELY AND VOLUTARILY WITHOUT ANY INDUCEMENT. I/WE KNOW OF THE INHERENT RISKS AND DANGERS INVOLVED IN PARTICIPATING IN THE ATHLETIC ACTIVITY AND AGREE THAT THE STUDENT VOLUNTARILY EXPOSES HIM OR HERSELF TO THOSE RISKS.

THIS IS TO CERTIFY THAT I/WE, AS PARENT(S) OR LEGAL GUARDIAN(S) OF THE ATHLETE, DO CONSENT AND AGREE THAT THE ATHLETE CAN PARTICIPATE IN THE ATHLETIC ACTIVITY PURSUANT TO THE ATHLETIC PARTICIPATION, WAIVER, RELEASSE AND INDEMNITY AGREEMENT.”

ATHLETE’S FULL NAME (Please Print)

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PARENT/LEGAL GUARDIAN NAME (Please Print)

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PARENT/LEGAL GUARDIAN NAME (Please Print)