



ECA Athletics Registration and Release Agreement

Student's Name: _____ Male/Female (circle one) Student's Birthdate: ___/___/___
Grade for Upcoming School Year: _____ Address: _____
Primary Phone #: _____ Secondary Phone #: _____
Primary email contact: _____ Secondary email contact: _____
Emergency contact name and phone number: _____

Representations: My child has had a recent physical examination and is physically able to participate in all athletics activities (the "Activities") of Eden Christian Academy ("ECA"). I have notified the head coach/coordinator(s) of any special health conditions my child has. I understand and agree that primary first aid might be administered by an ECA representative prior to my being contacted concerning my child's injury. My child has his or her own health insurance coverage. **COVID 19 Representations:** I understand that the novel coronavirus ("COVID-19") is extremely contagious and is believed to spread mainly from person-to-person contact. I understand that ECA has put in place preventative measures to reduce the spread of COVID-19 but cannot guarantee that I or my child will not become infected with COVID-19. Further, attending any program or activity of ECA could increase my and my child's risk of contracting COVID-19. I agree to abide by all federal, state, and local laws, orders, directives, and guidelines and ECA policies related to COVID-19 while on ECA premises or participating in or observing any Activities.

Assumption of Risks: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Participation in the Activities may involve strenuous exertions of strength using various muscle groups; some involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one Activity to another, but in each Activity the risks range from minor injuries such as scratches, bruises and sprains, to major injuries such as loss of sight, joint or back injuries, concussions, heart attacks to possible catastrophic injuries or death and also the risk of exposure to COVID-19, which may result from the actions, omissions or negligence of myself, my child, ECA Parties (as defined below) and/or others. I have read the previous paragraphs and I know the nature of my child's participation in the Activities. I understand the demands of those activities relative to my child's physical condition and skill level and appreciate the types of injuries which may occur as a result of participation in the Activities and I hereby assert that my child's participation is voluntary and that I knowingly assume all such risks.

Waiver: In consideration of permission to participate in the Activities and to use the property, facilities, and services of ECA, I, on behalf of myself, my child, my heirs, personal representatives, or assigns, do hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** ECA, its directors, officers, employees, volunteers, independent contractors, representatives and agents from liability from any and all claims arising from my child's participation in the Activities, including without limitation the negligence of ECA or any of the aforementioned parties (the "ECA Parties"). This waiver applies to (i) personal injury or death from accidents or illnesses arising from my child's participation in the Activities including, but not limited to, organized activities, observation, and individual or collective use of the facilities, premises, or equipment; and to (ii) any and all claims resulting from the damage to, loss of, or theft of property.

Indemnification and Hold Harmless: I also agree to **HOLD HARMLESS AND INDEMNIFY** the ECA Parties from all losses, claims, liabilities, costs and expenses, including reasonable attorneys' fees, or other obligations arising from my child's participation in the Activities.

Severability and Venue: I further expressly agree that this Agreement is intended to be as broad and inclusive as is permitted, by the internal laws of the Commonwealth of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Allegheny County, Pennsylvania. This Agreement contains the entire agreement between the undersigned and ECA concerning its subject matter. This Agreement supersedes any prior agreements or understandings between me or my child and ECA concerning the subject matter of this Agreement.

Acknowledgement of Understanding: I have read this Agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the Commonwealth of Pennsylvania.

Insurance Provider: _____ Group Number: _____

Parent/Guardian Signature: _____ Date: _____

Participant Signature (if 18 or older) : _____ Date: _____