

WAIVER FOR "KICKOFF FOR CANCER" TOURNAMENT

This Agreement is entered into by and between St. Augustine Preparatory School and the Kickoff for Cancer ("KFC") Tournament Participant(s), or the Parent or Legal Guardian of the KFC Tournament Participant(s), if he is under 18 years of age, described below.

KFC Tournament Attendee's Name: _____
Age: _____
Address: _____ _____
City/State/Zip Code: _____
Phone Number: _____
Emergency Contact Name: _____
Phone Number: _____

Please note: In case of accident or injury, participants are not covered under St. Augustine Preparatory School's Student Accident Insurance Program.

In consideration of being permitted by St. Augustine Preparatory School to attend the Kickoff for Cancer Tournament at its facilities, I agree to the following waiver and release, and I make the following representations:

1. I acknowledge the risks of injury while attending the Kickoff for Cancer Tournament. I assume all risk associated with same and any accidents, whether or not the accident or injury is foreseeable.

2. I hereby voluntarily waive, release, forever discharge, and agree to hold harmless and indemnify St. Augustine Preparatory School, its owners, officers, employees, and its affiliates, and all of their respective employees, agents, representatives, directors, officers, successors and assigns, from and against any and all claims, proceedings, damages, injuries, liabilities, losses, costs and expenses, including reasonable attorneys' fees (collectively "Claims"), arising out of, connected to or related to the use of St. Augustine Preparatory School's property under this Agreement, including specifically but not limited to the negligent acts or omissions of St. Augustine Preparatory School, its agents, or employees, for any and all personal injury that I may incur. In signing this document, I fully recognize that if I am hurt while attending Kickoff for Cancer Tournament, I will have no right to make a claim or file a lawsuit against St. Augustine Preparatory School, or the other released parties, even if they or any of them negligently caused the bodily injury or property damage.

My signature below indicates that I have read this entire document, understand it completely, understand that it affects my legal rights, and agree to be bound by its terms.

Signature of Participant: _____
(OR Parent/Legal Guardian if Participant is under 18 years of age)

Print Name: _____

Date: _____