



TRAVEL WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in a Sports Activity, and as consideration for the right to participate in the Activity, I knowingly enter into this waiver and release of liability and hereby waive any and all rights, claims, or causes of action of any kind arising in my participation in **Above Circled Activity**, located at 1000 E. Wilcox Drive, Sierra Vista, AZ 85635, their affiliates, managers, members, agents, staff, volunteers, and representatives, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I am voluntarily participating in **Above Circled Activity** at my own risk. I am aware of the risks associated with participating as well as traveling to and from this Activity. I understand that these injuries or outcomes may arise from my own or others' negligence, conditions related to travel, or the condition of the Activity location(s). I assume all related risks, both known or unknown to me, of my participation in the Activity, including travel to, from and during this Activity.

I acknowledge that Leman Academy of Excellence, Inc. and their representatives and agents are not responsible for errors, omissions, acts or failures to act of any party conducting this event or activity on behalf of Leman Academy of Excellence, Inc.

I acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability. I expressly agree to release and discharge Leman Academy of Excellence, Inc, and all of its affiliates and members from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against Leman Academy of Excellence, Inc. for personal injury or property damage.

To the extent that statute or law does not prohibit releases for negligence, this release is also for negligence on the part of Leman Academy of Excellence, Inc. its agents, and its employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held responsible for any and all cost associated with any actions of neglect or recklessness.

This agreement was entered into without duress or coercion. In the event that any provision contained with the Release of Liability shall be deemed to be invalid, or any term condition, phrase, or portion of this agreement shall be determined to be unlawful or unenforceable, the remainder of this agreement shall remain in full force and effect.



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I may use private transportation to and from the activity or event. However, I may also agree to travel to and from the activity/event in transportation provided or agreed to by Leman Academy of Excellence Inc. I agree to meet the advisor of the activity or event at designated times and locations for departure. Failure to do so may result in the group's departure without me.

In consideration of my participation in the activity, I hereby waive all claims or causes of action against Leman Academy of Excellence Inc., and all agents and representatives related to travel to and from meeting location to participation location. Common risks include but are not limited to car accidents, theft, pedestrian accidents, etc. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs.

(Participant Name)

(Date)

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of the participant named above, and do hereby give my consent without reservation on behalf of this individual.

(Signature of Parent/Guardian)

(Date)

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact

Relationship

Contact Telephone
