LADY STING 14U — ASSUMPTION OF RISK, RELEASE OF LIABILITY, MEDICAL AUTHORIZATION & MEDIA RELEASE

A 501(c)(3) Nonprofit Organization • EIN: 42-4128928

ASSUMPTION OF RISK

Flag football, like any athletic activity, carries an inherent risk of injury. Participation in Lady Sting 14U activities — including practices, games, tournaments, conditioning, and related travel — may involve risks such as falls, collisions, sprains, strains, fractures, concussions, or other injury, including in rare cases serious or catastrophic injury.

By signing below, I acknowledge that I understand these risks, that they cannot be entirely eliminated regardless of the precautions taken by coaches and staff, and that I am voluntarily allowing my athlete to participate with full knowledge of this risk.

RELEASE OF LIABILITY & INDEMNIFICATION

In consideration of my athlete being permitted to participate in Lady Sting 14U and Sting Academy programs, I, the undersigned parent/guardian, on behalf of myself and my minor child, release, waive, and discharge Sting Academy, its coaches, staff, board members, volunteers, and affiliated venues (collectively, the "Released Parties") from liability for any injury, loss, or damage arising from ordinary negligence in connection with my child's participation.

This release does not apply to injury or loss caused by gross negligence, recklessness, or intentional misconduct. To the fullest extent permitted by law, I agree to indemnify and hold harmless the Released Parties from claims brought by or on behalf of my child arising from participation in program activities.

Note: this release is intended to apply to the fullest extent permitted under applicable state law. It may not waive a minor athlete's own independent legal claims.

MEDICAL TREATMENT AUTHORIZATION

In the event my child is injured or becomes ill during a Sting Academy activity and I cannot be reached immediately, I authorize coaches or designated program staff to seek emergency medical care on my child's behalf, including transport to a medical facility by qualified personnel. I understand that I am responsible for any costs associated with medical treatment.

Known allergies: _____

Known medical conditions: _____

Current medications: _____

Primary care physician / clinic: _____

Physician phone: _____

Health insurance provider & policy #: _____

PHOTO / MEDIA RELEASE

Sting Academy regularly shares team photos and video on our website, social media, and promotional materials to celebrate our athletes and grow the program.

☐ YES — I grant Sting Academy permission to photograph/video my child during program activities and use these images in website, social media, and promotional content, without compensation.

☐ NO — I do not grant permission to use my child's image in program media.

EMERGENCY CONTACT INFORMATION

Primary emergency contact name: _____

Relationship to athlete: _____

Primary contact phone: _____

Secondary emergency contact name: _____

Secondary contact phone: _____

ACKNOWLEDGEMENT & SIGNATURES

By signing below, I acknowledge that I have read and understand this Assumption of Risk, Release of Liability, Medical Treatment Authorization, and Photo/Media Release, and I agree to its terms on behalf of myself and my minor athlete.

Athlete Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____
