

Scotlandville Sports Academy

It Takes A Village To Raise A Child

VOLUNTEER REGISTRATION FORM

The Scotlandville Sports Academy is a non-profit community organization determined to enhance the lives of at risk youth in the Baton Rouge community through structured athletics and educational activities.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Emergency Number _____

Date of Birth _____ Male Female _____

Name of School _____ Grade in School _____

Email Address _____

In return for me (the "Volunteer") being allowed to participate in the Scotlandville Sports Academy programs (the "Academy"), I release and agree not to sue the Scotlandville Sports Academy, its coaches, volunteers, sponsors, and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Academy and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the Academy, even if caused by their ordinary negligence. I understand that participation in the Academy involves certain risks, including, but not limited to, serious injury. I am voluntarily participating in the Academy with knowledge of the danger involved and agree to accept all risks of such participation. I certify that I am in excellent physical health, and may participate in strenuous and hazardous physical activities, including the football to be played in the Academy. Permission is granted for me to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of my participation in the Academy and all related activities. I agree to let the parties use my name and likeness free of charge in any manner and for any purpose without compensation to me. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state of Louisiana and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

I agree that the terms of this release are binding on me. I also hereby acknowledge that I have read and understand the Academy's Membership Policies.

Volunteer Signature _____ Date _____