

## **Azad Sports Academy LLC - Liability Waiver and Release Form**

I, the undersigned, understand and acknowledge that participation in sports activities at Azad Sports Academy LLC

("Azad Sports Academy"), located at 25100 Mound Rd, Warren, MI 48091, involves inherent risks of injury or harm.

I voluntarily assume full responsibility for any risks, injuries, or damages that may occur during my participation,

whether caused by negligence or otherwise.

I agree to release, indemnify, and hold harmless Azad Sports Academy LLC, its owners, employees, and affiliates

from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss,

damage, or injury, including death, that may be sustained by me or any property belonging to me while participating

in activities at Azad Sports Academy.

I understand that Azad Sports Academy does not provide medical insurance or medical care and I am responsible

for my own coverage. In the event of an emergency, I consent to any medical treatment deemed necessary by onsite

personnel or medical professionals.

I acknowledge that photos and videos may be taken during activities and events. I grant Azad Sports Academy the

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right to use any images or recordings of me for promotional or commercial purposes without compensation.

If the participant is under 18 years of age, this form must be signed by a parent or legal guardian.

By signing below, I confirm that I have read and understood this waiver and voluntarily agree to its terms.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

If under 18:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_