

**Prospect Academy Football Club  
Liability Waiver**

I, \_\_\_\_\_ hereby acknowledge and agree to the following terms and conditions in consideration for my participation in activities, events, and programs organised by the Prospect Academy Football Club (hereinafter referred to as the "Club"):

**1. Assumption of Risk:** I understand and acknowledge that participation in football activities, including but not limited to practices, games, and events, involves inherent risks and dangers. These risks may include, but are not limited to, bodily injury, property damage, and the potential for serious accidents.

**2. Voluntary Participation:** I voluntarily choose to participate in the Club's activities, fully aware of the risks involved. I understand that the Club cannot eliminate these risks entirely, and I assume all responsibility for my participation.

**3. Release and Waiver of Liability:** In consideration of being allowed to participate in Club activities, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, waive, and discharge the Club, its officers, directors, employees, coaches, volunteers, and agents from any and all liability, claims, demands, actions, or causes of action of any kind arising out of or related to my participation in Club activities. This includes any injuries, damages, or losses, whether caused by the negligence of the Club or otherwise.

**4. Medical Treatment Authorisation:** In the event of injury or illness during my participation in Club activities, I authorise the Club to seek and obtain any necessary emergency medical treatment, including but not limited to emergency medical care and transportation. I understand that I am solely responsible for any medical expenses incurred.

**5. Photography and Likeness:** I grant the Club the right to use photographs, videos, or other likenesses of me taken during Club activities for promotional, educational, or informational purposes, without compensation or further consent.

**6. Applicable Law:** This waiver and all related matters shall be governed by the laws of the Cayman Islands without regard to conflicts of law principles.

I have read and understand this Liability Waiver, and I voluntarily sign it as my own free act and deed. I understand that this document is legally binding and that I am giving up substantial legal rights by signing it.

Participant's Full Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's Email: \_\_\_\_\_

Participant's Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_