



Participant Waiver & Release

American Renaissance Academy

Participant Information

Last Name	First Name	Date of Birth	Phone Number
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Complete this section for participants 17 and under only.

Parent/Legal Guardian Information

Parents and guardians listed on this form will be contacted regarding program information, for emergencies, and are permitted to pick up minor participant from American Renaissance Academy.

Parent 1/Guardian 1 Name	Phone Number
Parent 2/Guardian 2 Name	Phone Number

Complete this section for participants 18 and older. This section is optional for participants 17 and under.

Emergency Information

If an emergency should arise, parents of minors will be contacted first. For adults or if parents are unable to be contacted, the individuals listed here will be contacted. Emergency contacts are also permitted to pick minor participant from American Renaissance Academy. **Do not list parents for minor participants.**

Emergency Contact #1	Relationship	Phone Number
Emergency Contact #2	Relationship	Phone Number

NOTICE OF PHYSICAL RISK, MEDICAL INFORMATION, COVID-19 WAIVER, MEDICAL AUTHORIZATION, AND MEDIA RELEASE

I, the participant / spectator, understand that physical injury may occur while at American Renaissance Academy and related events. I voluntarily and freely assume the inherent risks and dangers associated with these activities.

Allergies/Special Health Considerations/Medications, if any. Include instructions, should a concern arise (i.e., call parent, give inhaler, call ambulance, etc.). If none, write none.

One of the goals of American Renaissance Academy ("School") is to provide a safe environment for our students, teachers, faculty and staff, even despite the novel coronavirus, COVID-19 ("COVID-19"). This document provides information we ask you to acknowledge and understand regarding COVID-19. COVID-19 has been declared a worldwide pandemic by the World Health Organization. While medical professionals have confirmed that COVID-19 is extremely contagious and potentially deadly, there remain many unknowns regarding this disease. COVID-19 may be contracted in a variety of ways and has been confirmed in the State of Hawaii. While the School will endeavor to take reasonable preventative measures to reduce the spread of COVID-19 and to institute procedures to attempt to decrease the spread of the disease, the School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the School and participating in the School's programming and activities on campus and/or in person could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing below, you confirm that you have read this document and understand and accept that attending the School and participating in the School's programming and activities on campus and/or in person could increase your risk and your child(ren)'s risk of contracting COVID-19. You further agree to waive on behalf of yourself, your child(ren), and your representatives any claims against the School arising out of any COVID-19-related illness or injuries, to the extent permitted by law. You, on behalf of yourself, your child(ren), and your representatives, also agree to indemnify and hold harmless the School from and against all claims. You also acknowledge that you or your child(ren) could contract COVID-19 from outside of the School and unrelated to you or your child(ren)'s participation in School activities.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child(ren) and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I understand that there may be resulting expenses or charges, and these charges are my responsibility. I will pay any such charges when due, either directly or through my personal health insurance.

My consent is also given for visual (photos, video, etc.) taken of myself or my child during the programs to be used in publications, promotional materials, social media, and ARA TV/Universe TV. I understand that financial compensation will not be given for use.

WAIVER AND RELEASE OF LIABILITY

In consideration of being permitted by American Renaissance Academy ("Academy") to participate in activities located at American Renaissance Academy/Kapolei Event Center/Kapolei Aquatics Center. I/We hereby indemnify, hold harmless and agree to defend American Renaissance Academy, Phase 1 Sports, its board members, officers, agents, employees, successors, and assigns, as well as Kalaeoloa Ventures, LLC, CBRE, Inc., Hunt Development Group, LLC, the United States of America, Dept. of the Navy, all of its partners, and parent company, from all liability claims, demands and causes of action arising out of any loss, damage, or injury or loss or damage to property pursuant to this agreement, except liability, claims, demands, and causes of action resulting from or arising out of any wrongful or negligent act or omission by the Academy and its agents and successors.

SIGNATURE

If signing for a minor, I hereby affirm that I am the parent or legal guardian of the identified minor participant and I am legally authorized to bind the minor child to the terms of this agreement. I agree to be legally responsible for the acts of the minor child described herein. On behalf of myself and the minor child, I agree to be bound by the terms of this agreement.

Participant or Minor Parent/Legal Guardian Signature	Print Name	Date
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