

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS – READ CAREFULLY BEFORE SIGNING

Recognizing there is a risk of injury or death associated with virtually any type of activity, including those activities that will be conducted at the **Griffin Elite Sports & Wellness, Erlanger** (CROSSOVER 2025 and International Soccer Outreach also known as the “Event”) to be held at **700 Dolwick Dr., Erlanger, KY**, on **November 8, 2025**, which will include **a soccer tournament** among its activities, the undersigned, _____ (also referred to herein as the “Participant”), hereby represent as follows:

ASSUMPTION OF RISK AND WAIVER

Whenever multiple individuals are together, there is a risk of contracting a communicable disease, including but not limited to the flu, pneumonia, RSV, COVID-19, Mononucleosis, Rotavirus, and Chicken Pox, to name just a few (collectively the “Illnesses”). By signing below, I hereby, on behalf of myself and my family members:

- acknowledge the specific and unique risk factors associated with the Illnesses which may be highly contagious (often spread by person-to-person contact), and that certain persons may be asymptomatic carriers and/or spreaders of the Illnesses;
- voluntarily and knowingly assume the risk that I may become exposed to, or infected by, one or more of the Illnesses at the Event (and that I may then expose others to, or infect others with, the Illnesses at or after the Event) as a result of my acts or omissions and/or the acts or omissions of others;
- understand that staff and personnel associated with the Event will follow the best practices as recommended by federal, state, and local health officials with respect to the Illnesses but acknowledge that those precautions may not be sufficient to prevent the spread of the Illnesses at the Event;
- confirm that I will fully cooperate with all policies and procedures associated with the Event and pertaining to the Illnesses, including, without limitation, related to any symptom(s) that I may exhibit and any positive test result;
- knowingly and willingly elect to participate in the Event, acknowledging that I understand and voluntarily accept, on behalf of myself and my family members, any and all associated risks, including, without limitation, for any illness, injury, or death that may result from my attendance at the Event and participation in its events as well as from any negligent or grossly negligent act or omission by any of the Providers (*as defined below*).

RELEASE OF LIABILITY

I fully understand and acknowledge that (a) there may be risks associated with the activities to be conducted at the Event; (b) by consenting to my participation in such activities, I am voluntarily accepting those risks and assuming the risk that my participation in such activities may result in injury, death or disability; (c) these risks may be caused by the negligence of the Providers (defined below); and (d) by consenting to my participation in the Event and its activities, I hereby assume all risks and responsibility for any consequences of such participation, whether caused in whole or in part by the negligence or other conduct by the Providers.

On my own behalf and on behalf of my family members, I hereby release, waive, discharge, and hold harmless **KENTUCKY BAPTIST CONVENTION, INC., AND GRIFFIN ELITE SPORTS & WELLNESS, ERLANGER (together with each of their respective owners, directors, officers, affiliates, employees, and representatives, the “Providers”)** of and from any and all claims, actions, losses, liabilities, and damages of any kind arising out of my participation at the Event and each of its activities (including, without limitation, all claims for bodily injury, property damage, and wrongful death), and I acknowledge that I specifically understand that by doing so I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the Providers.

I HAVE READ THE FOREGOING AND UNDERSTAND THAT IT IS A VOLUNTARY RELEASE OF ALL CLAIMS.

PARTICIPANT NAME (Print)

PARTICIPANT SIGNATURE

DATE

PARTICIPANT'S EMERGENCY CONTACT

Emergency Contact: Name: _____ Home Phone () _____
 Address: _____ Work Phone () _____
 _____ Cell Phone () _____

CONSENT TO TREATMENT

In the event that I am for any reason rendered incapable of making decisions regarding my own medical care, I do hereby consent to treatment, including diagnostic and surgical procedures; by a licensed physician should said physician determine that such treatment is necessary.

PARTICIPANT SIGNATURE

DATE