

1. Waiver of Liability and Assumption of Risk

I, the undersigned parent/legal guardian, acknowledge that participation in Ontario FÜtbol Academy (OFA) programs, training sessions, and events involves physical activity and may carry inherent risks of injury. I voluntarily assume all risks associated with my child's participation.

I hereby release, indemnify, and hold harmless Ontario FÜtbol Academy, its coaches, staff, volunteers, affiliates, and sponsors from any and all claims, liabilities, damages, or expenses arising out of or in connection with my child's participation in any OFA activity.

I understand that this waiver applies to any personal injury, illness, property damage, or loss that may occur during my child's participation with OFA.

Child's Name: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

2. Medical Information & Consent Form

Child's Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Allergies (food, medication, environmental): _____

Medical Conditions (e.g., asthma, diabetes, epilepsy): _____

Medications Taken Regularly: _____

Health Card Number (Optional): _____

Emergency Contact Name: _____ Phone: _____

FAMILY DOCTOR:

Name: _____ Phone: _____

In case of an emergency, I authorize Ontario Fútbol Academy staff to administer basic first aid and seek emergency medical treatment for my child if necessary. I will be notified as soon as possible.

Parent/Guardian Name: _____

Signature: _____

Date: _____

3. Media Release Consent Form

I, the undersigned parent/legal guardian of the child named below, grant permission to Ontario FÜtbol Academy (OFA) to photograph and/or record video footage of my child during OFA programs, training sessions, or events. These images may be used in promotional materials, including social media, websites, print brochures, and other marketing platforms.

I understand that my child's name will not be used unless explicit permission is given. I waive any rights to royalties or compensation for use of these images.

☐ YES, I consent to media use of my child's image.

☐ NO, I do NOT consent to media use of my child's image.

Child's Name: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

Ontario FÜtbol Academy

E. Peter Gklinos

