



Please complete the registration form in its entirety. Failure to do so may result in a delay in your Team Waiver Registration. All forms marked with an asterisk (*) are mandatory.

COACH/TEAM INFORMATION

School Name: _____

☐ Middle School

☐ High School

☐ College

Address: _____

City: _____ State: _____ Zip Code: _____

Coach's First Name: _____ Coach's Last Name: _____

Coach's Phone Number: _____ School's Phone Number: _____

Coach's Email: _____

Event Name*: _____

WAIVER AND RELEASE

Please read the following sections carefully and then sign. If the registrant is a minor (under 18), a parent or guardian must sign.

ATHLETE CODE OF CONDUCT I hereby agree to abide by the rules of conduct as set forth by SPIRE Institute and its staff. I agree to abstain from the use of alcoholic beverages, use of drugs and smoking of any kind, I further agree to abide by curfew regulations as established by the staff and not to absent myself from my group at any time. I fully understand my failure to abide by these and other regulations could result in my being expelled from the program and sent home. I agree I will not be entitled to any monetary refund for those days following my expulsion.

Signature of Coach

Date

ADDRESS

SPIRE Academy 5201 SPIRE Circle
Geneva, OH 44041
<https://www.spireacademy.com/>

CONTACT

office: 440.466.1002

EMAIL

info@spireacademy.com



WAIVER OF INDEMNITY AND ASSUMPTION OF RISK

****Please read the following section carefully and then sign. If the registrant is a minor (under 18) a parent or guardian must sign**** In consideration of permission to use, today and on all future dates, the property, facilities, and services of the SPIRE Institute and Academy (hereafter referred to as SPIRE) I, on behalf of myself, my heirs, personal representatives, or assign, do hereby release, waive, discharge and covenant not to sue SPIRE, its directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from negligence of SPIRE or any of the aforementioned parties. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from participation in SPIRE activities including, but not limited to, organized activities, classes, observation, and individual use of the facilities, premises, or equipment; 2) any and all claims resulting from the damage to, loss of, or theft of property.

Indemnification and Hold Harmless: I also agree to HOLD HARMLESS AND INDEMNIFY SPIRE from all claims resulting in from negligence and to reimburse them from any expenses incurred as a result of my involvement at SPIRE. I further agree to pay all costs and attorney's fees incurred by SPIRE in investigation and defending a claim or suit if my claim or suit is withdrawn, or to the extent a court or arbitration determines that SPIRE is not responsible for injury or loss.

Severability and Venue: The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad inclusive as is permitted, by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Ashtabula County, Ohio.

Acknowledge of Understanding: I have read the waiver of liability and indemnification agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the State of Ohio.

Player Photography Consent: Participant and Parent/Guardian consent to all recording, photographing and filming of Participant and all agree that SPIRE can use these recordings and images for all purposes of marketing or promoting SPIRE without payment to, or additional consent of Participant or Parent/Guardian.

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Full Name	Address	City	State	Zipcode	Phone Number	Birthdate	Email	Signature

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Team Waiver

Full Name	Address	City	State	Zipcode	Phone Number	Birthdate	Email	Signature

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