



***SIGN-UP WITH EAF TODAY!***

## **Educated Athletes First (EAF)**

### **Parent/Guardian Agreement**

This document will serve as an agreement between Educated Athletes First and \_\_\_\_\_ to commit themselves to the standards and ideals of the Educated Athletes First mission and program as outlined below.

- 1.) By enrolling as an EAF Parent/Guardian, I commit myself to upholding the academic and athletic standards of the EAF program in order to improve the standards of my child's academic and athletic experience. **Initial:** \_\_\_\_\_
  
- 2.) By enrolling as an EAF Parent/Guardian, I acknowledge that should my child not maintain a passing grade point average for any (1) academic quartile, he/she will be subject to the EAF academic assistance plan, including but not limited to weekly after-school tutoring sessions in lieu of EAF program events. **Initial:** \_\_\_\_\_
  
- 3.) By enrolling as an EAF Parent/Guardian, I understand that it is my responsibility to ensure the attendance of my child and myself at all scheduled EAF events which include, but are not limited to: workouts, site visits and public speaking events. Furthermore, I understand that failing to attend regularly scheduled EAF events without reasonable notice and explanation will result in the termination of my child's enrollment within the EAF program. **Initial:** \_\_\_\_\_

4.) By enrolling as an EAF Parent/Guardian, I will commit my child and myself to being prompt and prepared for all EAF events including, but not limited to: workouts, site visits and public speaking events. **Initial:** \_\_\_\_\_

5.) By enrolling as EAF Parent/Guardian, I will commit my child and myself to being prompt and prepared for all Jeannette City School District events, including school attendance and athletic commitments. **Initial:** \_\_\_\_\_

By signing below, I acknowledge the full commitment being made by my child, the parents/guardians and Educated Athletes First program to better the standards of my child's academic and athletic experience. I fully commit to the bylaws of the EAF program and proudly accept that by signing below. I will be taking the first step towards helping my child to reach their educational and athletics goals and will hold myself accountable to those goals and the goals of the Educated Athletes First program.

**Signature of EAF Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of EAF Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Educated Athletes First

### Student-Athlete Agreement

This document will serve as an agreement between Educated Athletes First (EAF) and \_\_\_\_\_ to commit themselves to the standards and ideals of the Educated Athletes First mission and program as outlined below.

- 1.) By enrolling as an EAF student-athlete, I will commit myself to maintaining a passing grade point average in order to participate in all EAF events including, but not limited to workouts, site visits and public speaking events. **Initial:** \_\_\_\_\_
- 2.) By enrolling as an EAF student-athlete, I understand that in the event I do not earn a passing grade point average for any (1) academic quartile I will be subject to the EAF student- athlete academic assistance plan, including but not limited to weekly after school tutoring sessions in lieu of EAF program events. **Initial:** \_\_\_\_\_
- 3.) By enrolling as an EAF student-athlete, I will commit myself to upholding the standards of the EAF program in school, athletics and within the community. **Initial:** \_\_\_\_\_
- 4.) By enrolling as an EAF student-athlete, I will commit myself to being prompt and prepared for all EAF events including, but not limited to workouts, site visits and public speaking events. **Initial:** \_\_\_\_\_
- 5.) By enrolling as an EAF student-athlete, I will commit myself to being prompt and prepared for all Jeannette City School District events, including school attendance and athletic commitments. **Initial:** \_\_\_\_\_

By signing below, I acknowledge the full commitment being made by the Educated Athletes First program and myself to better the standards of my academic and athletic experience. I fully commit myself to the bylaws of the EAF program and proudly accept that by signing below, I will be taking the first step towards reaching my educational and athletics goals and will hold myself accountable to those goals and the goals of the Educated Athletes First program.

**Signature of EAF Student Athlete:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of EAF Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDIA RELEASE FORM**

Educated Athletes First (EAF) has my permission to use my photos and/or videos publically in order to promote the organization. I understand that the images and/or videos may be used to print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. I understand that any photos or video I take are not allowed for sharing without knowledge and permission from EAF and the student-athlete and his/her family.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## **ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this activity.

I acknowledge that the event holders, sponsors, and organizers of the activity in which I may participate will use this Accident Waiver and Release of Liability Form, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Soil Ecology Society, (SES) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers.
  
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that EAF and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity with Educated Athletes First (EAF) may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

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Participant's Signature (Please print legibly.)	Date	Participant's Print Name	Age
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Parent/Guardian Signature (If under 18 years old, Parent or Guardian must also sign.)	Date	Parent/Guardian Print Name
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