ASCEND TRACK & CROSS COUNTRY ACADEMY LLC

Participant Waiver for All Ascend Programs

PARTICIPANT & EMERGENCY INFORMATION

Athlete full name: _____ Date of birth: _____
Grade: _____ Program at registration (optional): _____
Parent/natural guardian: _____
Phone: _____ Email: _____
Emergency contact: _____ Phone: _____
Relevant medical conditions, allergies, restrictions (or "none"): _____
_____

1. ACTIVITIES COVERED

This agreement applies to the athlete's voluntary participation in all programs and activities organized or supervised by Ascend Track & Cross Country Academy LLC ("Ascend") during the term in Section 7. Covered activities include winter conditioning, track and field, cross country, team practices, clinics, camps, competitions, and other Ascend-sponsored events. Training may include running, sprinting, agility and speed drills, running mechanics, strength and bodyweight conditioning, plyometrics, and hill workouts. Activities may occur at Estero Community Park or other designated sites.

2. ACKNOWLEDGMENT OF INHERENT RISKS

I understand that physical training and athletics involve inherent risks that cannot be eliminated through reasonable care, including falls, collisions with participants, uneven surfaces, weather and heat exposure, dehydration, exertional illness, strains, sprains, fractures, overuse injuries, and, in rare cases, permanent disability or death. I understand that other participants may act carelessly or intentionally and contribute to injury. I have had the opportunity to ask questions about these activities. I voluntarily permit the athlete to participate and acknowledge these inherent risks.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ASCEND TRACK & CROSS COUNTRY ACADEMY LLC AND ITS OWNERS, AFFILIATES, EMPLOYEES, AND AGENTS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ASCEND TRACK & CROSS COUNTRY ACADEMY LLC AND ITS OWNERS, AFFILIATES, EMPLOYEES, AND AGENTS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ASCEND TRACK & CROSS COUNTRY ACADEMY LLC AND ITS OWNERS, AFFILIATES, EMPLOYEES, AND AGENTS HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

3. RELEASE OF CLAIMS — LIMITED TO FLORIDA LAW

As the athlete's natural guardian, to the fullest extent authorized by Florida Statute § 744.301(3), I waive and release in advance claims that may accrue to my minor child for personal injury (including death) or property damage resulting from an inherent risk of the covered activities against Ascend Track & Cross Country Academy LLC and its owners, affiliates, employees, and agents. This release also covers coaches, assistant coaches, volunteers, and contractors only to the extent they qualify as an owner, affiliate, employee, or agent under applicable law. I also release my own related claims to the extent legally permitted. This waiver does not purport to release claims for the provider's own negligence or any liability that Florida law does not permit a guardian to waive.

4. HEALTH, SAFETY & PARTICIPATION

I agree to disclose relevant medical restrictions and inform coaches promptly of injury, illness, dizziness, unusual fatigue, or pain. The athlete will follow reasonable safety instructions and may be asked to stop activity or obtain medical clearance when safety concerns arise. Ascend cannot guarantee that participation will be injury-free. I understand I am responsible for ensuring the athlete has appropriate clothing, footwear, hydration, and any required medication.

5. EMERGENCY MEDICAL AUTHORIZATION

If I cannot be reached promptly, I authorize Ascend staff to summon emergency services and arrange evaluation, transportation, and emergency treatment by licensed medical professionals, as permitted by law. I understand Ascend staff are not necessarily medical professionals and that I am responsible for medical costs except as otherwise required by law. Emergency contact information must be kept current.

6. THIRD-PARTY EVENTS AND PERSONAL PROPERTY

Races, schools, facilities, municipalities, USATF, AAU, FLYRA, and other third-party organizers may require their own releases and may maintain separate rules and insurance. This agreement does not automatically release independent third parties. I understand that personal belongings may be lost or damaged; any waiver of property claims is limited to what applicable law allows.

7. TERM AND ELECTRONIC SIGNATURE

This agreement applies to the Ascend programs and activities described in Section 1 from December 1, 2026 through December 31, 2027, inclusive, provided it is signed before participation. If a provision is unenforceable, the remaining provisions are intended to remain effective to the extent permitted by law. I agree that a valid electronic signature may be used in place of a handwritten signature, and that Ascend may retain a dated copy and audit record.

8. ACKNOWLEDGMENT AND SIGNATURE

I have read this entire agreement, including the prominent statutory notice, and understand that I am giving up certain legal rights. I affirm that I am the athlete's natural guardian with legal authority to sign this release. I understand signing is voluntary and Ascend may decline participation without a signed form.

Athlete name: _____
Natural guardian printed name: _____
Guardian signature: _____ Date: _____
☐ I have read and voluntarily agree to this release and medical authorization.