



## **TERMS & CONDITIONS PLAYER LIABILITY RELEASE AND INDEMNITY AGREEMENT**

Please read carefully before signing. By my signature below I confirm that I am the parent or legal guardian of the player(s) registered.

This player ("Player") who desires to participate in the WWS Scout Camp. I also desire that the Player be allowed to participate in activities, drills, exercises and matches. As a parent or legal guardian, and individually, I acknowledge that Player's participation in any such activity, involves a risk of injury to Player. As a parent or legal guardian for Player, and despite such risk, I expressly assume that risk of injury to Player, a minor child, and to induce World Wide Scholarships Group to permit Player to participate, I enter into this Agreement, and I agree and confirm the following:

(1) Player is physically fit and able to participate in all respects in sporting and social activities ; and

(2) I hereby release, and agree to fully indemnify and hold World Wide Scholarships Group its subsidiaries including NFL Africa Pty and the members, directors, officers, employees, volunteers, vendors, insurers, attorneys, and agents of World Wide Scholarships Group ("Indemnities") harmless from any and all claims, demands, actions, causes of action, losses, damages, or liability (including, without limitation, all expense of litigation, court costs, and attorneys' fees) for any injury to or death of Player or to any other person whatsoever. Without limiting the scope of the foregoing, this Release and Indemnity Agreement specifically includes any and all claims in any way arising out of or related to Player's participation in World Wide Scholarships Group events including, without limitation, any participation in a soccer match during Soccer Camps, and any claims for medical expenses, pain and suffering, physical disfigurement, mental anguish, emotional distress, loss of consortium, or for lost wages, or any injury to any property received or sustained by any person or property, even if the undersigned agrees that World Wide Scholarships Group its subsidiaries including NFL Africa Pty have no right of control or influence on the safety or security of the premises on which the soccer matches occur or any person or property entering onto such premises.

### **PHOTOGRAPHY AND VIDEOTAPE**

I further grant the Indemnities the right to photograph and/or videotape me or my Player or



ward and further to display, use and/or otherwise exploit me or my said Player's or ward's name, face, likeness, voice and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online webcasts, television, motion pictures, films, newspapers and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of camp results and standings, and distribution of my contact information, including my e-mail address, to third parties for promotional purposes, or for any other purposes whatsoever, without compensation, reservation or limitation. The Indemnities are under no obligation to exercise said rights herein granted.

#### **REFUND POLICY**

There will be no refunds given unless it is a medical emergency or an Act of God. Non-participation guarantees participant entry onto the next scheduled event.

#### **PLAYER MEDICAL AUTHORIZATION**

Further:

- (i) I understand and agree that the Indemnities, collectively or individually, do not assume any financial responsibility for any medical services and/or treatment incurred by Player, or the undersigned for Player, or provided by any hospital, physician, or any other health care provider to Player.
- (ii) I hereby certify that Player is covered for illness and/or injury (including without limitation illness and/or injury occurring in the Republic of South Africa (RSA)) by medical insurance,
- (iii) If I did not complete (ii) above, I hereby certify that Player is not covered by medical insurance nor by medical insurance that provides coverage for illness and/or injury occurring in South Africa, and I agree that I am fully responsible in all respects, including, without limitations, any financial obligations, for any medical services/treatment rendered for illness/injury suffered by Player before, during, or after camps, and I agree that payment or arrangement for payment for said medical services/treatment will be made to/with the provider at the time service is rendered to Player.



Also, by my signature below, I hereby give my consent and permission for the Player to be medically and/or surgically treated for injuries and/or illness of any kind or seriousness. Further, I give my consent and permission to the physician and/or hospital and/or other health care provider selected to provide medical or surgical treatment, including, without limitation, dental care, hospitalization, injection, anaesthesia, invasive surgery or any other form or kind of medical or surgical care (emergency or otherwise) for the Player.

This Agreement shall be governed by the laws of the Republic of South Africa, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the Courts of South Africa, and I specifically waive right to trial by jury.

I certify I am 18 years of age or older.

I AM SIGNING THIS AGREEMENT / AUTHORIZATION IN MY INDIVIDUAL CAPACITY AND ON BEHALF OF PLAYER (A MINOR CHILD) NAMED ABOVE, OF WHOM I AM A PARENT OR LEGAL GUARDIAN.

\_\_\_\_\_  
**PLAYER NAME AND SURNAME**

\_\_\_\_\_  
**GUARDIAN NAME AND SURNAME**

\_\_\_\_\_  
**PLAYER SIGNATURE**

\_\_\_\_\_  
**GUARDIAN SIGNATURE**

**DATE** \_\_\_\_\_ **PLACE** \_\_\_\_\_