

NOVA VILLAGE
AAU REGISTRATION FORM

1. Student Athletes Name _____
2. Parent/ Guardians Name _____
3. Home Address _____
4. City _____
5. State _____
6. Zip Code _____
7. (Emergency) Phone # _____
8. Email _____
9. Date of Birth _____
10. School _____
11. School Coaches name: _____
12. Grade (as of January 1,) _____
13. Height _____
14. T-Shirt Size (Y or A) _____
15. Uniform Size (Y or A): _____

**NOVA VILLAGE
RELEASE TO PARTICIPATE**

The undersigned (the "**Participant**") intends to participate in certain programs and/or activities (the "**Activities**") being conducted by Blue Chips Public Relations, Inc. under the trade names Nova Village and/or Nova Village Athletic Club (collectively Blue Chips Public Relations, Inc., Nova Village and Nova Village Athletic Club shall be referred to in this Release as "**Nova Village**"). The Participant is in good general health and free of any illness or disease and does not have any condition which prevents the Participant from safely engaging in the Activities. The Participant has consulted with his or her physician to determine whether the Participant is able to safely engage in the Activities and the Participant is not relying on Nova Village to make, nor has Nova Village made, any independent assessment of the Participant's ability to safely participate in the Activities. The Participant hereby understands that Nova Village does not provide medical, liability or any other type of insurance coverage for any loss, cost and/or expense arising from or related to any injuries, illnesses, loss of life or other harms or damages suffered by the Participant in connection with, or arising out of, the Activities.

In consideration of being permitted by Nova Village to engage in the Activities, the Participant forever releases, wholly discharges and holds harmless Blue Chips Public Relations, Inc., Nova Village and Nova Village Athletic Club, their respective officers, employees, directors, shareholders, affiliates, associates, agents and advisors, as well as the owner(s) and/or operators of any facilities at which the Activities take place including, but not limited to, any school districts if the Activities take place at schools, from any and all injuries, illnesses, loss of life and/or harms of any type suffered by the Participant (collectively "**Injuries**"), and any costs, expenses and/or liabilities incurred by the Participant of any type (collectively "**Losses**") in connection with, or that arise out of, the Activities. This Release is valid and enforceable regardless of whether any such Injuries and/or Losses are caused by the negligence, wrongful acts and/or wrongful inactions of Nova Village, its officers, employees, directors, shareholders, affiliates, associates, agents and/or advisors, or the owner(s) and/or operators of any facilities at which the Activities take place.

This Release is governed by the laws of the State of Ohio. This document cannot be modified, changed or amended except when signed in writing by both parties. The Participant and/or the Participant's parent and/or legal guardian have read this Release and understand this Release and agrees that this Release binds the Participant and the Participant's parents or legal guardian (as the case may be) by its terms and conditions. Legal counsel for the Participant has reviewed this Release.

NOTE: IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, THIS RELEASE MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT. IF THE PARTICIPANT IS 18 YEARS OF AGE OR OVER, THIS RELEASE MUST BE SIGNED BY THE PARTICIPANT.

Signature of Participant

Date of Birth

Printed Name

Date of Signature

I am the Participant's (check one) Parent Legal Guardian (documentation must be provided)

Signature of Parent or Legal Guardian

Date of Signature

Printed Name