

# 20<sup>th</sup> IDEA Athletic Showcase Enrollment Agreement

Embry Riddle Aeronautical University  
July 14–22, 2017



## AGREEMENT TO PARTICIPATE

### **I- International Doorway & ERAU Sports Medicine Medical and Liability Waiver**

Activity: IDEA Athletic Showcase – Participant Full Name: \_\_\_\_\_

This Waiver, Release and Medical Release is presented to me by International Doorway to Education & Athletics, Corp (IDEA) located at 1111 Brickell Ave. 11<sup>th</sup> floor, Miami, FL 33131 for my voluntary participation and I agree to abide by the following:

For myself, my estate, assigns and representatives, I hereby release, indemnify, hold harmless and forever discharge IDEA and Embry Riddle Aeronautical University (ERAU), its trustees, officers, employees, and agents from any and all claims, liability, demands, lawsuits, and causes of action of any kind or nature, known or unknown, that I have or may have, arising from or related to my voluntary participation. I, for myself, my estate, assigns and representatives, hereby waive any and all claims of any kind or nature, known or unknown, for damages, injuries or losses to myself or my property arising from or related to my voluntary participation. Unless required by law or valid order of court, I shall not file, allow to be filed, consent to, or cooperate with any claim, cause of action, lawsuit, or demand of any kind or nature for injuries or losses to or by me arising from or related to my voluntary participation, and shall on demand defend and indemnify IDEA & ERAU for any cost or expense associated therewith.

I understand that activities, of which I will voluntarily take part, can be dangerous and may cause or lead to injuries, including but not limited to, broken bones, concussions, comatose state and other very serious bodily injuries up to and including death. I acknowledge that I am sufficiently fit to voluntarily participate, and that I may examine the equipment and facilities. If it appears to be unsafe, I will notify the appropriate party and not use the equipment of facilities until such condition is corrected. My participation shall be conclusive proof that I was satisfied with the safety and condition of the equipment and premises.

I hereby consent that IDEA & ERAU or its agent may arrange for or provide emergency medical care that appears reasonably necessary, or transportation to such care. I understand and agree that neither IDEA & ERAU, nor its trustees, officers, employees, or agents shall provide medical insurance, nor will they pay any medical cost or expense incurred by me. I shall be responsible for the payment of all such expenses, including the costs of transportation or hospitalization. IDEA & ERAU, therefore, strongly recommends that I obtain my own personal insurance fit to cover any related injuries or damage, and I hereby acknowledge that recommendation.

I agree that this Agreement shall be binding on my personal representatives, assigns, heirs, next of kin and successors in interest whether such injuries or losses are alleged to be caused in whole or in part by the negligence of the released parties. In witness whereof, I affix my signature below:

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name (if under 18): \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date \_\_\_\_\_

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**II- THE EVENT:** THE PARTICIPANT wish to obtain scholarship offers to pursue an education or to improve English proficiency through ESL courses at a college in the United States. At the event, IDEA showcase the participant to coaches from different institutions and to admission representatives. At the event, coaches could offer to include the participant into their teams and/or admission representatives could offer academic scholarships to attend their institution. Scholarship selection process is conducted exclusively by coaches and admission representatives who evaluate each participant athletic and/or academic profile.

**III- Dates and Location:** The event takes place between July 14<sup>th</sup> and July 22<sup>nd</sup> 2017 at Embry Riddle Aeronautical University. These dates are established for arrival and departure. THE EVENT is open to high school students, high school graduates and university students.

**IV- SCHOLARSHIP OFFERS:** IDEA is committed to obtain a minimum of five (5) scholarship offers on behalf of the participant with funds originated from athletic, academic, work & study, or other departments, as follows:

- Two (2) Scholarship offers with a value to be paid by THE PARTICIPANT equal to or less than USD \$13,500 (thirteen thousand five hundred American Dollars) per academic year including housing, meals, and studies.
- Two (2) Scholarship offers with a value to be paid by THE PARTICIPANT equal to or less than USD \$15,500 (Fifteen thousand five hundred American Dollars) per academic year including housing, meals, and studies.
- One (1) Scholarship offer with a value to be paid by THE PARTICIPANT equal to or less than 50% of the total university value per academic year including housing, meals, and studies.

**V- REFUND:** If IDEA is unable to obtain the minimum scholarship offers described in Article IV above, IDEA will refund all amounts already paid by the participant and this contract will be terminated, without any responsibility for any of THE PARTIES.

**VI- IDEA SCHOLARSHIP REPORT:** All scholarship offers received on behalf of the participant during the event will be notified via e-mail through the "IDEA Scholarship Report" within 5 days after THE EVENT.

**VII SCHOLARSHIP ACCEPTANCE FORM:** the participant must email IDEA the complete "Scholarship Acceptance Form" indicating college/university selection.

**VIII- COLLEGE ADMISSION REQUIREMENTS:** the participant can choose between majors of study available at the institution that made the scholarship offer. The participant must meet the institution admission requirements.

**IX- PASSPORT AND VISA:** the participant is responsible for obtaining a passport and/or all other necessary documentation to exit the country of origin and enter the United States of America. If the participant is not present by the event start date IDEA will terminate this contract. The participant will suffer the loss of any amounts already paid. IDEA is not responsible for granting a USA VISA.

**X- AMATEUR ATHLETE STATUS:** The participant states is an amateur athlete in optimal physical and mental conditions. If under any medication or treatment, the participant must provide a medical written report to participate in the event.

**XI- SHOWCASE ADMISSION RIGHTS:** If IDEA determines to terminate this contract, IDEA will refund 100% of any amounts already paid by the participant, without any other responsibility.

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**XII- PUBLICITY RELEASE AND CONSENT:** Participant and Parent/Guardian consent to all recording, photographing and imaging of Participant (the “Recordings”) and each agree that IDEA can use these Recordings at any time and in any manner without payment to, or additional consent of, Participant or Parent/Guardian and release IDEA and its licensee from all claims related to use of the Recordings.

**XIII- ACKNOWLEDGEMENT OF RULES AND STANDARDS OF CONDUCT:** I understand that IDEA has rules and standards of conduct that are set forth in the IDEA Participants Manual. I agree to abide by these rules and standards for the safety of all participants, guests and employees.

**XIV- ACKNOWLEDGMENT OF UNDERSTANDING:** Participant and Parent/Guardian have read this agreement to participate and fully understand its terms. Participant and Parent/Guardian acknowledge freely and voluntarily signing the agreement to participate and intend the signatures to signify a complete assumption of the inherent risks of participating in or observing activities at IDEA Athletic Showcase to the greatest extent allowed by law in the State of Florida.

Participant and Parent/Guardian have read this Agreement and fully understand its terms. In signing this Agreement each acknowledges that he or she is consenting to the Participant’s participation at IDEA Athletic Showcase (as specified in article one) and acknowledge that each Participant and Parent/Guardian expressly assumes all inherent risks of IDEA Athletic Showcase activities.

**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 IDEA uses 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 IDEA 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 party of the activity. You have the right to refuse to sign this form, and IDEA has the right to refuse to let your child participate if you do not sign this form.

Participant and Parent/Guardian acknowledge that they are signing the agreement freely and voluntarily, and intend their signatures to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name (if under 18): \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date \_\_\_\_\_