



SUNASKEO  
PO Box 248  
Frisco, TX 75034  
Ph: 469-633-9202 Fax:469-570-4480

## ENROLLMENT APPLICATION

Sunaskeo looks for youth who are hard-working and dedicated in both their sport and their life. Our program closely reviews academic performance, personal characteristics and sport accomplishments, ability and potential.

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### STEPS TO FOLLOW

1. Complete entire application and return to Duey Evans at address given below.  
Sunaskeo  
PO Box 248  
Frisco, TX 75034
2. Submit 2 Letters of Recommendation.  
Please include one letter of recommendation from an academic teacher and one letter of recommendation from a coach or an adult (other than a family member) who has had a positive influence on your life. Submit both letters with your application.
3. Submit a personal statement.  
In order to help our selection committee become acquainted with you, your ideas and your goals, submit a personal statement no longer than 600 words. You must select one of the options given below for your essay. Please type your statement on a separate piece of paper, make sure your name appears on the paper and submit it with your application.
  - Explain your long-term educational and sport goals
  - If you could meet and interview a significant person (athlete, historical figure, world/business leader) who would it be and why?
  - Describe an experience that's left a lasting mark on either your beliefs//values/opinions or behavior.
  - What is an area or cause you would volunteer and why?
4. Interview and Visit.  
We recommend all prospective athletes visit Sunaskeo for a personal interview. Ideally this interview would take place during a one-week program at Sunaskeo, which gives you will have the opportunity to get to know our coaches and staff, participate in the programs and visit our academic facility. This visit will give you the chance to get a feel for the kind of training we do and talk with other participants. If you are unable to attend in person, a phone interview will be required prior to being accepted.
5. Summary.  
Mail or fax the Sunaskeo Enrollment Application, two recommendation letters and your personal statement to the address given above. Then call to set up a weeklong visit.

Please feel free to give us a call if you have any questions concerning our programs.

## **PROGRAM PRICES**

### **FULL-TIME SUNASKEO: \$49,550**

Price includes: full-time academic program, group tennis, 1:1 tennis, sports performance training, physical therapy, sports psychology, sports vision therapy/enhancement, communication and media training, video analysis, personality assessment/application, client management/communication system, computer, iPhone, videos/photos for recruiting dossier

### **PAYMENT PLAN #1—TUITION PAYABLE IN FULL ON OR BEFORE AUGUST 17, 2009**

### **PAYMENT PLAN #2 — ANNUAL TUITION PAYABLE IN TWO EQUAL INSTALLMENTS**

First semester due August 17, 2009, Second Semester due December 1, 2009

- A \$2,000 non-refundable deposit must be paid in advance to reserve a place, and must be accompanied by all completed and required paperwork.  
(this deposit is credited towards whichever payment plan is accepted)
- A valid credit card for each participant must be on file with our business office and the parent/guardian is required to maintain current/correct credit card information. A 3% service charge will be added to each credit card transaction
- Annual tuition or semesters must be paid in advance. If monthly payments are requested, a payment schedule will be worked out and an 8% premium will be added to the appropriate fee.
- Late payments will incur a 5% service charge.
- If a payment fails to clear there will be a \$75 fee charged to the credit card on file and all further payments must be via cash/money order.
- Participant will be given a computer/iPhone for use during the program. If the computer or the iPhone are damaged, broken, lost or stolen the Participant/Parent/Guardian will be charged the cost for replacing those items.

## **IMPORTANT DATES**

- First Semester: September 14, 2009 — January 15, 2010
- Second Semester: January 19, 2009 — June 11, 2010
- Winter Break: December 19, 2009 — January 3, 2010
- Spring Break: April 12, 2010 — April 19, 2010
- Observed Holidays: Thanksgiving: November 26-29  
Presidents Day: February 15  
Memorial Day: May 31

Note: Prices subject to change without notice



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## DEPOSIT FORM

I, \_\_\_\_\_, parent/guardian  
(Name of Parent)

of \_\_\_\_\_ do hereby confirm

the enrollment of my son/daughter in the full-time Sunaskeo program for the 20\_\_\_\_-20\_\_\_\_  
year. We agree to make the tuition payment as specified below.

\_\_\_\_\_ Payment Option 1

The balance of the full tuition minus the Reservation Fee is due on or before  
August 17, 2009.

\_\_\_\_\_ Payment Option 2

Fifty percent (50%) of the full tuition minus the Reservation Fee is due on or before  
August 17, 2009. The remaining 50% of the annual tuition is due on December 1,  
2009.

\_\_\_\_\_ Enclosed is our non-refundable deposit in the amount of \$2,000 along with all  
completed paperwork.

Form of payment: \_\_\_ Check # \_\_\_\_\_ (must be drawn on U.S. bank)  
\_\_\_ Credit Card: Visa MasterCard AMEX

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code on Card: \_\_\_\_\_ (3/4 digit number on back of card)

Name on Card: \_\_\_\_\_

Signature on Card: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **SUNASKEO REGISTRATION FORM**

\*You are responsible for notifying our business office at once of any changes during the program year.

Participant's name: \_\_\_\_\_  
(last) (first) (middle initial)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male or Female  
(month/day/year)

SSN # or Passport #: \_\_\_\_\_ USTA #: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Fax: (\_\_\_\_\_) \_\_\_\_\_  
(please include country and city codes)

Parent's Email Address: \_\_\_\_\_  
(to be used by administration/coach or emergency communications)

Local Address (if applicable): \_\_\_\_\_

Local Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Alternative Person to Contact in an Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_



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## SUNASKEO REGISTRATION FORM

\*You are responsible for notifying our business office at once of any changes during the program year.

Father's Name: \_\_\_\_\_

Day Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Day Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Are the Participant's parents/guardians divorced or separated? Yes or No If yes, date: \_\_\_\_\_

Name of Custodial Parent/Guardian: \_\_\_\_\_

Country/State of Residence: \_\_\_\_\_ Type of custody order issued: \_\_\_\_\_  
(enter one: sole, joint, shared or split custody)

What state/country issued the order? \_\_\_\_\_  
(you must attach a copy of the order to the registration form)



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## TUITION/ENROLLMENT AGREEMENT

In consideration of the non-refundable Reservation Fee, in the amount of \$ \_\_\_\_\_ from the undersigned, Sunaskeo has reserved a place for \_\_\_\_\_ in the full-time school year program.

A copy of this Tuition/Enrollment Agreement must be signed by the Participant and his/her parents or guardians and returned to Sunaskeo along with the complete registration packet for the 2009-2010 school year. A fully executed copy of the agreement will be returned to Participant/Parents/Guardians upon acceptance and approval by Sunaskeo's Business Manager.

### Payment of Tuition:

The undersigned agrees to pay tuition in the amount of \$ \_\_\_\_\_ in the following manner.  
(check one) \_\_\_\_\_ Payment Plan 1: balance of full tuition minus Reservation Fee due by 8/17/09.  
\_\_\_\_\_ Payment Plan 2: 50% of full tuition minus Reservation Fee due by 8/17/09. The Balance is due on December 1, 2009.

**Financial Obligation:** Participant and Parents/Guardians acknowledge that the obligation to pay the total tuition and non-refundable tuition deposit outlined above is non-negotiable, unconditional and that no portion of these monies, whether paid or owing to Sunaskeo, will be refunded to you or cancelled or forgiven for any reason except for those limited reasons specified in the "Cancellation" and "Medical/Injury Withdrawal Refund Policy" attached. Also, Participant and Parents/Guardians acknowledge that when your account is past due 30 days or more, you will not be allowed to attend instruction in the program. Participant and Parents/Guardians agree to pay any costs, including attorney fees, incurred by Sunaskeo in enforcing this agreement and collecting any balances due hereunder plus interest at the rate of 1% per month for past due balances. There is no refund of monies for any period when Participant is away from Sunaskeo regardless of the reason or circumstances, including vacations and tournaments. If you are dismissed from Sunaskeo for disciplinary or other reasons, or are suspended and required to return home for a period of time, Participant's tuition and Reservation Fee will not be refunded and all costs incurred to return home will be the sole responsibility of Participant and Parents/Guardians.

**A valid credit card is required to be kept on file with the Sunaskeo business office to cover balances on any Sunaskeo accounts (including by not limited to tuition, property damage, tournament fees, medical fees). Parent/Guardian is required to maintain a credit card number on file at all times:**

\_\_\_\_\_ Visa      \_\_\_\_\_ MasterCard      \_\_\_\_\_ American Express

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code on Card: \_\_\_\_\_ (3/4 digit number on back of card)

Name on Card: \_\_\_\_\_

Signature on Card: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_



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## TUITION/ENROLLMENT AGREEMENT

**Dispute Resolution:** If a dispute arises between the parties to this agreement which cannot be resolved by them, this dispute will be submitted to arbitration and resolved by a single arbitrator (who shall be a lawyer) in accordance with the Commercial Arbitration Rules of the American Arbitration Association. The Arbitration will take place in Frisco, Texas. Each party is entitled to depose at least one fact witness and any expert witness retained by the other party, and to conduct such other discovery as the arbitrator deems appropriate. The award or decision rendered by the arbitrator will be in writing, final and binding and judgment may be entered upon such award by any court.

The Participant, and the Parent/Guardian hereby agree to the terms of this Agreement.

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Sunaskeo/Evans Kurth Holdings LLC

\_\_\_\_\_ Date: \_\_\_\_\_

By:  
Business Manager

While Sunaskeo requires full payment of tuition and all other fees for the entire enrollment period specified in the Tuition Enrollment Agreement, it is the policy of Sunaskeo to ease, upon request, this financial obligation in the event of a withdrawal only as described below:

**Medical/Injury Withdrawal:** Complete involuntary withdrawal from Sunaskeo for 30 or more continuous days as required or advised by a qualified and licensed medical practitioner for any medical condition or injury which is certified and treated by such qualified and licensed medical practitioner. Upon request, a credit or refund (if all tuition payments and other fees specified in the Tuition Enrollment Agreement have been paid) will be issued equal to 40% of the pro rata tuition for the portion of the remaining enrollment period.

**Procedure for Refund:** Requests for a partial refund of fully paid tuition fees or credit against any tuition fee remaining due, as set forth above, must be made in writing to the Business Manager within 30 days of the Participant's first day of complete separation from Sunaskeo. Any refund granted will be first applied toward the outstanding balance of the Participant's account. Refunds not required to settle the Participant's account with Sunaskeo, if any, shall be made to the parent or guardian who signed the enrollment contract. Calculation of refund or credit, as the case may be, will be done within 30 days after the first day the Participant returns to Sunaskeo. If the Participant is unable to return to Sunaskeo, calculation of total refund or credit, as the case may be, will be done within sixty days after written notice has been received by the Business Manager confirming that the Participant will not be returning to Sunaskeo. Any tuition credit granted will be applied first toward the outstanding balance of the Participant's account and thereafter against any balance as may remain due under the Tuition Enrollment Agreement. If there is a remaining balance due under the terms of the Tuition Enrollment Agreement after the application of the tuition credit or refund, such balance shall be paid in accordance with the payment plan selected under terms of the Tuition Enrollment Agreement.

**Cancellation Policy:** Sunaskeo agrees that enrollment as specified within this Tuition Enrollment Agreement may be cancelled without penalty (except for forfeiture of the non-refundable Reservation Fee) if written notification is received by the Business Manager at least four (4) weeks prior to the scheduled start date. If enrollment is cancelled four (4) weeks or less prior to the scheduled start date, Participant and Parents/Guardians remain obligated for the full tuition subject only to exceptions specified in the Sunaskeo Medical/Injury Withdrawal Refund Policy set forth herein.



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# WAIVER

**WAIVER:** In consideration of Participant's enrollment in tennis/educational/training program and or Participant's use, today and on all future dates, of the property, facilities and services of Sunaskeo and its partners, Participant and Parent/Guardian, on behalf of Participant, Participant's heirs, personal representatives, or assigns, hereby release, waive, discharge and covenant not to sue Sunaskeo, its affiliated companies/partners, and each of their directors, officers, employees, volunteers, sponsors, independent contractors, and agents from liability from any and all claims arising from the negligence of Sunaskeo or any of the aforementioned parties. This agreement applies to 1) personal injury (including death), from accidents, injuries or illnesses arising from participation in various activities including, but not limited to, participation in sport programs, travel, competition, educational classes, lessons, social activity, and individual use of facilities, premises, or equipment; and 2) any and all claims resulting from the damage to, loss of, or theft of property. Participant and Parent/Guardian consent to all videotaping and photographing of Participant and agree that Sunaskeo can use these images at any time and in any manner without payment to Participant and without Participant's or Parent's/Guardian's approval.

**IDEMNIFICATION AND HOLD HARMLESS:** Participant and Parent/Guardian also agree to HOLD HARMLESS AND INDEMNIFY Sunaskeo from all claims resulting from all negligence of Sunaskeo and to reimburse Sunaskeo for any expenses incurred as a result of Participant's participation in a tennis/educational/training program and presence at all Sunaskeo-related facilities. Participant and Parent/Guardian further agree to pay all costs and attorney's fees incurred by Sunaskeo in investigating and defending a claim or suit but only if Participant's claim is withdrawn or to the extent an arbitrator determines that Sunaskeo is not responsible for the injury or loss. Participant and Parent/Guardian agree too hold harmless and indemnify Sunaskeo from all claims and amounts related to legal and other action brought against Sunaskeo for damages caused by Participant (for example, for damages caused by Participant while fighting with another participant).

**SEVERABILITY AND VENUE:** Participant and Parent/Guardian further expressly agree that this waiver is intended to be as broad and inclusive as is permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the remaining portion of the waiver will continue in legal force and effect. Also, Participant and Parent/Guardian agree that all disputes must be resolved using binding arbitration and take place at the office of the American Arbitration Association located nearest to Frisco, Texas.

**ACKNOWLEDGMENT OF UNDERSTANDING:** Participant and Parent/Guardian have read this waiver and fully understand its terms. Participant and Parent/Guardian understand that Participant is giving up rights, including the right to compensation for injury resulting from negligence of Sunaskeo. 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.

In signing this waiver as parent or guardian, I acknowledge that I am consenting to Participant's participation in a tennis/educational/training program at Sunaskeo and its partners and acknowledge that I understand that any and all risks, including that of negligence, whether known or unknown, are expressly assumed by Participant and Parent/Guardian and all claims, whether known or unknown, are expressly waived in advance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## AGREEMENT TO PARTICIPATE

**ASSUMPTION OF RISKS:** Physical activity, by its very nature, carries with it certain dangers and risks that cannot be eliminated, regardless of the care taken to avoid injuries. Sunaskeo and its partners have facilities for various sport specific and related activities such as strength training and running. Some of these activities involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, some involve contact with equipment, other participants (including participants who are older or younger and who may be larger or smaller (in terms of weight and height) than Participant, and various surfaces (which may be uneven), and others involve sustained physical activity with place stress on the cardiovascular system. Participant will also be exposed to risks while traveling and participating in various activities. Some of these activities involve travel in vehicles (for example, in vans when traveling to competition or training programs) and exposure to large crowds. The specific risks vary from one activity to another, but in each activity the risks range from 1) minor injuries such as scratches, cuts, bruises and sprains to 2) major injuries such as loss of sight, loss of teeth, broken bones, joint or back injuries, concussions, and heart attacks to 3) catastrophic injuries including paralysis and death. I also understand that the Participant may expose others, or may be exposed to, contagious disease such as influenza, chicken pox or measles.

Participant and Parent/Guardian have read the previous paragraph and 1) understand the nature of the activities at Sunaskeo, 2) understand the demands of those activities relative to the physical condition and skill level of Participant, and 3) appreciate the types of illnesses and injuries which may occur as a result of activities made possible by Sunaskeo. Participant and Parent/Guardian hereby assert that participation is voluntary and that Participant and Parent/Guardian knowingly assume all such risks.

**ACKNOWLEDGMENT OF RULES AND STANDARDS OF CONDUCT:** I understand that Sunaskeo has rules and standards that are set for the in the Student Handbook. I agree to abide by these rules and standards for the safety of Participant, the staff, and the other participants.

**ACKNOWLEDGEMENT 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 and intend the signatures to signify a complete assumption of the inherent risks of participating in or observing activities at Sunaskeo and its partners to the greatest extent allowed by law in the state of Texas.

In signing this assumption of risk as Parent/Guardian, I acknowledge that I am consenting to the Participant's participation at Sunaskeo (as specified in paragraph 1) and acknowledge that Participant and Parent/Guardian expressly assume all inherent risks of the activity.

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

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_



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# CONSENT FOR TREATMENT

(REQUIRED FOR ALL PARTICIPANTS)

This is to certify that the administrative staff of Sunaskeo is being given authority by me (please print name)

\_\_\_\_\_ Parent/Guardian of \_\_\_\_\_ to act

on my behalf for any medical treatment, both emergency or non-emergency, and mental health care treatment and prescriptions reasonably necessary or medically advisable to maintain life, health and well-being of my child. This includes, but is not limited to first-aid care and prevention of injuries, mental health intervention, follow-up care and the taking of over-the-counter prescriptions that are approved by a physician even when the child is not seen by a physician. This consent for treatment extends to the signing and conduct of: 1) legal authorization for treatment; 2) consultations, 3) anesthesia; 4) emergency examinations. 5) consent for hospitalization or surgery that may be deemed necessary by appropriate medical personnel.

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Notarized by: \_\_\_\_\_ Stamp and Seal: \_\_\_\_\_

## INSURANCE COVERAGE INFORMATION

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## MEDICAL INFORMATION

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently taking any medications: YES NO If yes, list medication(s) and explain reason for taking them and the method of use. \_\_\_\_\_

Do you have any allergies: YES NO If yes, please list all allergies and their severity. \_\_\_\_\_



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## **SUNASKEO DRUG AND ALCOHOL CONSENT, WAIVER AND AUTHORIZATION**

The use of illegal drugs, controlled substances and alcohol can have a detrimental impact on behavior, interfere with academic and athletic performance, cause permanent physical and mental harm to the user and increase the risk of injury to teammates, athletic opponents and all others with whom the user interacts. Therefore, Sunaskeo has implemented a Drug and Alcohol Testing Policy that is described in the Student Handbook. All parties signing this form acknowledge that they have received, read and understand the Policy, and also understand that penalties may be imposed, including expulsion, for violating the Policy. Further, all parties signing this form agree to all the terms, conditions and rules of the Policy.

A Participant who is age 13 and older will be subject to mandatory testing during the school year. Reasonable suspicion testing may be conducted for all participants regardless of age. Each test will consist of hair analysis, urine analysis or other method adopted by Sunaskeo.

I hereby consent to having samples of my hair, urine or other body sample tested for the presence of drugs, alcohol or other substances covered by the Policy at such times as tests are required under the Policy. I also authorize the release of information concerning the results of such test to the Participant and Sunaskeo.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



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## Sunaskeo Minor Child Indemnification Provision

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

\_\_\_\_\_ for the period of \_\_\_\_\_.

### ASSUMPTION OF RISK FOR PARTICIPATION IN FITNESS/RECREATIONAL ACTIVITIES:

I, the undersigned, realize that participation in any activity involves risks of injury and or abnormal responses, including but not limited to soft tissue or muscle strains/sprains, heat stress, head and spine and related musculoskeletal trauma, abnormal blood pressure, fainting, chest discomfort, heart attack, or even death. I also recognize that there are many other risks of injury, including serious disabling injuries, that may arise due to participation in any activity and that it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and knowing and reasonably anticipating that other injuries and even death are possible, on behalf of the minor child listed above, I hereby assume all the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur, by reason of my minor child's participation.

I had the opportunity to ask questions and obtain legal counsel. Any questions I expressly have asked have been answered to my satisfaction. I understand the risks of my participation in any activity, and knowing and expecting these risks, I voluntarily chose to allow my minor child to participate, assuming all risks or injury or even death due to my participation.

As parent and/or legal guardian of the minor child listed above, I have read the governing documents and the Rules and Regulations of Sunaskeo and understand that disregard for same may result in termination of privileges.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I HEREBY CERTIFY the foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. They are personally known to me or have produced \_\_\_\_\_ as identification, # \_\_\_\_\_.

NOTARY STAMP

\_\_\_\_\_  
NOTARY PUBLIC



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