

# SPORTS ZONE

(This is a legally binding document and by participating, viewing or remaining on premises, you are assuming the risk of injury.)

TEAM NAME: \_\_\_\_\_ COACH: \_\_\_\_\_

PARTICIPANT: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY # \_\_\_\_\_

PLAYERS PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICAL PROBLEMS OR ALLERGIES: \_\_\_\_\_

MEDICAL RELEASE, RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATION AND LIABILITY WAIVER AND RELEASE (To be signed by participant and, if participant is under 18 years of age, by the participant's parent or guardian.)

1. I hereby give full permission for any and all medical treatment necessary to be administered to me, or to my child in case of an accident, injury, or sickness, under the direction of the person listed above. This release is in effect until I may revoke or change its terms. I also hereby assume the responsibility for payment of such treatment. I understand that Sports Zone does not provide medical insurance or coverage for participants or spectators.

2. I, (or my child) wish(s) to participate in a sports activity at Sports Zone. I/we realize that there are dangers and risks involved in this participation. Some of the dangers inherent in indoor sports are the hard physical contact, and the impact from a thrown, kicked or struck ball. Some of the risks include a full range of injuries from minor to severe, and include infections, broken bones, permanent disability, or death. I also understand that the risk of injury applies even to spectators of this program. Moreover, if I (or my child) have a special condition, I understand that this may create additional risks. I understand that it is my responsibility to determine the nature and extent of these risks, and based on that knowledge, decide whether I (or my child) will participate and, thereby, accept the additional risk. In consideration of using Sports Zone's facilities, I agree to accept the risks of participating at Sports Zone and agree and understand that playing sports can be hazardous, and agree not to sue the following entities and further agree to release, discharge and/or otherwise indemnify, Sports Zone, its employees, associated personnel, and the owners of the facility. I voluntarily assume the risk of injury while I (or my child) am participating am or present at Sports Zone and agree to report any injuries before leaving the facility.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Parent / Guardian (if child is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant (Print)

\_\_\_\_\_  
Parent or Guardian ( Print )

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