THE SPORTZONE

Team Roster and Waiver and Release of Liability

Sport (circle one): Basketball Soccer Baseball Softball Flag Football Volleyball Lacrosse Ultimate Frisbee Fitness Center

Team Name _____ Age Group _____ Date of first event _____

Coach Name _____ Coach Phone _____ Coach e-mail _____

READ AND UNDERSTAND BEFORE SIGNING

In consideration for being allowed to participate in the specified athletic program, signees acknowledge and agree that:

1. The risk of injury from activities involved in this program is significant, including potential for major injury and death, and while particular rules, equipment, and personal discipline may reduce the risk of serious injury, the risk does exist.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence of the releasees or others, and assume full responsibilities for myself and my child.
3. I willingly agree to comply with the stated rules and conditions for participation. If I observe any unusual, significant hazard during my presence or participation, I will notify the nearest official immediately.
4. I, for myself, my family, personal representatives, etc. hereby release and hold harmless The SportZone, their officers, officials, employees, other participants, sponsors, advertisers, owners, and lessors of the premises used to conduct the event with respect to any and all injury, disability, death, or loss or damages to personal property in participation and travel to and from the events, whether arising from negligence of the releasees or otherwise.
5. I have read all of the above release of liability and assumption of risk agreement, fully understand all terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

Player Name (print)	Phone Number	Mailing Address (include zip)	Date of Birth	E-Mail Address