



# PARTICIPANT WAIVER FORM

**Participant Name:** \_\_\_\_\_

In consideration of being allowed to participate in any way in the program, related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE MILFORD SPORTS CENTER, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and , if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY, or DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

X \_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Age

\_\_\_/\_\_\_/\_\_\_  
Date

FOR PARENTS/GUARDIANS OF PARTICIPATION OF MINOR AGE (Under 18 at time of this agreement). This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the RELEASEES, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Emergency Phone #

\_\_\_/\_\_\_/\_\_\_  
Date

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



## MEMBERSHIP/Participation Form \$10.00 PER YEAR

Name: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Coach: \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_ (notification purpose only)

### Parent or Guardian Information : EMERGENCY CONTACTS

Please Print:

Name: \_\_\_\_\_ Work Phone : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone:: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone:: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Work Phone : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone:: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone:: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Membership Benefits: Membership Rates Apply To Only Paid Members!

- \* Turf Fields      \* Cage Rentals      \* Birthday Parties      \* Summer Specials Members Only
- \* Camps/Clinic Specials      July/August 1/2 Price Cage/Field Rentals

PLEASE TURN TO OTHER SIDE TO READ & SIGN WAIVER FORM