Participant Waiver & Registration Form English Version

Participant Name:		Date of Birth:	
E-mail Address:			
Address:			
		Zip:	
Home Telephone:Secondary Phone:			
		NT IS UNDER 18 YEARS OF AGE, FILL OUT THE FOLLOWING:	
Parent/Guardian's Name:			
Address (if different from above):			
City/State/Zip (if different):			
Telephone #: (if different):			

HOLD HARMLESS RELEASE FORM

In consideration of being allowed to participate in any of the TEAMWORKS programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation; and,
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, 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; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS TEAM WORKS/Indoor Sports LLC and any or all affiliated or subsidiary entities, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property; and,
- 5. In the event that a claim is brought by Participant or Releasee against the other, the defendant shall be able to recover reasonable attorneys' fees if incurred in successfully defending against such claim.

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 IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I also,

Understand that TEAMWORKS regularly takes pictures during our programs that are used for promotional materials and give permission to TEAMWORKS to use these pictures without compensation.

PARTICIPANT (over 18):__

DATE:

Date Signed

FOR PARTICIPANTS OF MINORITY AGE (Under 18)

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 Releases, 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 liabilities incident to my minor child's involvement or participation in these programs as provided above.

Parent/Guardian Signature

For office use only	
Sport:	Team:
Session:	Date Entered: