



425 NE Mock Ave
 Blue Springs, MO 64014
 816-229-1314 fax: 816-229-1716
 www.sportscitykc.com

July 2010

SportsCity Participant Release & Waiver of Liability Form

PLEASE print clearly. Once completed, waiver is good
 for one (1) year at SportsCity.

Participant: _____

Birth Date: _____ - _____ - _____ CIRCLE ONE: M F

Address: _____

City/State/Zip: _____

Phone: (Day) _____ (Eve) _____

(Cell) _____

E-mail: _____

The e-mail address provided will be used to send out notices on upcoming leagues, game reminders, programs, tournaments, camps, clinics, etc. as well as receipts on purchases made at SportsCity. Be assured that your e-mail address will be used solely by SportsCity and will not be sold or distributed to any other company.

EVENT: LEAGUE PLAY

Due to multiple teams within a club, or a person coaching / representing multiple teams, a specific team and coach / rep name is required.

Team Name: _____

Coach / Rep: _____

If participant is under 18 years old:

Parent Name: _____

Birth Date: _____ - _____ - _____

PLEASE READ and SIGN NEXT HALF.

RELEASE and WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY and PARENTAL CONSENT AGREEMENT

IN CONSIDERATION of being permitted to participate in any way in the **SportsCity Activity**, I, for myself for personal representatives, assigns, heirs, and next of kin:

1. **ACKNOWLEDGE**, agree, and represent that I understand the nature of SportsCity Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. **FULLY UNDERSTAND THAT: (A) SPORTSCITY ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (B)** These risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place, or the negligence of the releasees named below; **(C)** There may be **OTHER RISK AND SOCIAL AND ECONOMIC LOSSES** either not known to me or not readily foreseeable at this time; and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of my participation or that of the minor in the Activity.
3. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE SPORTSCITY**, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place (each considered one of the **"RELEASES"** herein), **FROM ALL LIABILITY, CLAIMS, DEMANDS, DEMANDS, LOSSES OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE** that if, despite the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees. I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OF ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PROTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

 Participant's Signature (if participant is 18 yrs or older)

 Date

RELEASE FOR MINOR PARTICIPANT'S under 18 years old

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF SPORTSCITY ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST THAT MAY INCUR AS A RESULT OF ANY SUCH CLAIM.

 Parent's Signature (if participant is under 18 yrs)

 Date

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