

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT WITH THE PLEX

IN CONSIDERATION of being permitted to participate in any way in any Plex program or for usage of the facility or grounds, I, for myself or for any dependent:

1. **ACKNOWLEDGE** and agree that I understand the nature of any activity in which I/my dependent participate(s) and am qualified and in proper physical condition to participate in this activity.
2. **FULLY UNDERSTAND THAT:** All Activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death; these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, or the condition in which the Activity takes place. **I fully accept and assume all such risks & responsibility for losses, costs, and damages** I/my dependent incur(s) as a result of my participation or that of the minor in the Activity.
3. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** The Plex, their respective administrators, directors, agents, managers, owners and employees, other participants, leases and any sponsors from all Liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees". I further Agree that if, despite this 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 OR 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 PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed Name of Participant: _____

DOB: _____ **Male or Female** _____

Team Name: _____ **DIVISION:** _____

2nd Team: _____ **:** _____

3rd Team: _____ **:** _____

Session: _____ **Sport:** _____

Required: Address: _____ **City** _____ **State:** ____ **Zip** _____

Required: Phone: _____

Required: Email: _____

Participant's Signature (only if age 18 or over):

Parent/Guardian (only if under age 18):

Date: _____

