



INDIVIDUAL REGISTRATION & RELEASE AND WAIVER
LIABILITY, ASSUMPTION OF RISK AND INDEMNITY,
AND PARENTAL CONSENT AGREEMENT

5849 Enterprise Drive, Lansing MI 48911
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Registering For: ____ Drop-In: ____ House Team: ____ Team Name: _____

Name: _____ Age: ____ Date of Birth: _____ Gender: M F

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____
We do not sell or share email addresses. Email addresses will be used for game reminders and LISA information only

For Players under Age 18: Parent/Guardian Name: _____

PLEASE READ AND SIGN OUR LIABILITY RELEASE

IN CONSIDERATION of being permitted to participate in any way in the LANSING INDOOR SPORTS ARENA ("LISA") activity ("ACTIVITY"), I, for myself/the minor, for personal representative, assigns, heirs, and next to kin, ACKNOWLEDGE, agree, and represent that I understand the nature of LISA Activities and that I/the minor am/is 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/the minor believe conditions to be unsafe, I/the minor, will immediately discontinue further participation in the Activity. I FULLY UNDERSTAND THAT: (a) LISA ACTIVITIES INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) These Risks and dangers may be caused by my/the minor's own actions or inactions, the action 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/the minor 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/the minor incur(s) as a result of my/the minor's participation in the Activity, I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE LISA, 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 "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY/THE MINOR'S ACCOUNT CAUSED BY 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 this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I, or anyone on my/the minor's behalf, makes a claim against any of the Releasees, I WILL IDEMNIFY, 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 hereby grant authority to the staff of LISA to render judgment concerning medical assistance or hospital care in the event of an accident or illness (in the case of minor, during my absence). I hereby authorize LISA and its assigns to utilize any and all photographs, pictures, or other likeness of me/the minor as they deem appropriate in its promotional materials.

I HAVE READ THE FOREGOING AGREEMENT & RELEASE, FULLY UNDERSTANDING 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 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.

I HAVE READ THE FORGOING RELEASE, I FULLY UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT

Participants Name (Printed)

Participants Signature (Parent's signature if under 18)

Date

FOR OFFICE USE:

DATE RECEIVED: ____/____/____ STAFF INITIALS: _____ DIVISION/TEAM PLACED _____

PAYMENT TYPE: CASH CHECK: # _____ VISA: EXP. _____, CVV _____ MC: EXP. _____, CVV _____