

Waiver/Release Form

Team Name:

Captain:

Email:

Phone:

I, the undersigned (if participant is 18 years or older) or parent/guardian of the below listed minor participant admowledge and fully understand that each participant will be engaging in activities that involve: risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume tall the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants not to sue and/ or otherwise indemnify Salt Creek Sports Center, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including owners and leasers of premises used to conduct the event, all of which are here in after referred to as "releases," from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Program and /or being transported to or from the same, which transportation I hereby authorize. The participant has received a physician and has been found physically capable of participating in the program. Thereby give my consent to have an athletic trainer, coach and/ or doctor of medicine or dentistry or associated personnel to provide the participant with medical assistance and/ or treatment and also agree to be financially responsible for the cost of such assistance and/ or treatment. I also agree to save and hold harmless and indemnify each and all participant with medical assistance and/ or treatment and also agree to save and hold harmless and indemnify each and all participant with medical assistance and or created to a b

#	Player Name (PRINT LEGIBLY)	Phone/Email (PRINT LEGIBLY)	Emergency Name (PRINT LEGIBLY)	Emergency Phone # (PRINT LEGIBLY)	D. O. B. (PRINT LEGIBLY)	Signature
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