WILLOWBROOK SPORTS COMPLEX

WAIVER AND RELEASE

Program: _____Player Name: _____

Parent Name: _____Parent Email:_____

In consideration of being allowed to enter Willowbrook Sports Complex and participate in any way in its programs and related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

The risk of injury and illness from my presence and participation in these activities is significant, including the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation.

I have received a copy of the WSC Covid-19 information sheet and the Texas Governors participation checklist, and I agree to abide by the rules, regulations, and guidelines contained therein, and I also agree to comply with all posted signage.

I agree that visitors, including family, are expressly prohibited inside the buildings, except with prior approval of a staff member.

I understand that there are cameras and microphones on all court areas. I consent to being recorded, both images and sound, and relinquish any rights of ownership or royalty of these recordings. I agree to allow WILLOWBROOK SPORTS COMPLEX to use such recordings for any lawful business purposes.

I willingly agree to comply these terms and conditions for participation. If 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 or staff member immediately.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless WILLOWBROOK SPORTS COMPLEX, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors or premises used to conduct the program or event ("Releasees"), from any and all claims, demands, losses, and liability arising out of or related to any injury, illness, disability or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

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.

X _____ _____ _____ _____ _____

Participant's Signature | Date | Age | Grade | School

For parents/guardians of participant of minor age (under 18 at time of signing):
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 Releasees, 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 liability incidents to my minor child's involvement of participation in any programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

X _____ _____ _____

Parent or Guardian Signature | Date | Emergency phone #