

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Printed Name of Participant:			Da	Date Of Birth:/		
Address:						
	Street		City	State	ZIP Code	
Cell #:()	Emergency #:()	E-mail:			
	RELEASE AND WAIVER OF LIABILI		MPTION OF RISK, AND INDEMI EEMENT")	NITY AGREEMENT		
CHESTERFIELD SPORTS. LOUIS COUNTY PARCITY OF SUNSET HILLS FAMILY SPORTSPLEX, I JJJR SILVER CREEK, IN CENTER ST. LOUIS, LLC BUDROVICH INDOOR TO IN CONSIDERATION	AGREEMENT: LC dba Legacy VTC, 601 Gravois Bluffs B S ASSOCIATION dba The Beal Center, 150 CKS (Affton White-Rodgers Community Cen (Sunset Hills Community Center), 3915 S. NC (Belleville Sportsplex), 2346 Mascoutah C. dba SILVER CREEK SALOON & GRILL, 6727 Langley Avenue, Affton, MO 63123 RAINING 1, LLC, AND CROSSFIRE ELITE of being permitted to participate in an or my attorneys-in-fact, agents, heirs, a	lvd STE G, I O N. Eathert tter), 9801 M Lindbergh B In Ave., Belle In 2520 Maso VBC, 9719 Iny activity	Fenton, MO 63026 on Rd., Chesterfield, MO 63005 lackenzie Road, Affton, MO 63123 lvd, Sunset Hills, MO 63127 ville, IL 62220 outah Ave., Belleville, IL 62220 Green Park Industrial Drive, Green F organized and operated by ST		at above listed	
good health, and in prope	and understand the nature of the activities r physical condition to participate in such a e activities or conditions to be unsafe, I wealth and safety	activities. I	further agree and warrant that if at	any time my health or physi	cal condition should	
permanent disability, painattention or negligence,	AND ACKNOWLEDGE that my participation analysis, and even death. I also underst or the actions, inaction, inattention or negoes not known to me nor readily foreseeable	and that inj	ury to me may occur accidentally o other participants or non-participant	or may be caused by my ov ts. I am aware that there r	vn actions, inaction, may be damages or	
at the facilities listed in this TO SUE STRATMAN SE volunteers, and employee liability, claims, demand	E AND UNDERSTANDING of the risks involved in Release and Waiver of Liability, Assumption PORTS, LLC and any of the facilities lists, other participants, sponsors, advertisers, losses or damages which I may sustancept and assume all such risks and all r	on of Risk a sted in this s, and if app in or incur	nd Indemnity Agreement, I hereby R agreement, their respective admi licable, owners and lessors of prem as a result of my participation in	ELEASE, DISCHARGE, an nistrators, directors, agents, ises on which the activity to or attendance at any activ	d COVENANT NOT , officers, members, akes place, from all ity covered by this	
I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, A behalf, makes a claim against STRATMAN SPORTS, LLC, or any of the facilities cov STRATMAN SPORTS, LLC and any facility from all litigation expenses, attorney fee facility may incur as the result of such a claim.			overed in this agreement. I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS ees, loss, liability, damage, or costs which STRATMAN SPORTS, LLC or any			
consent to the attendance Furthermore, on behalf of	MINOR RELEA: guardian of the above minor participant, are and participation of said minor in the ac myself and said minor, I accept all of the to ORTS, LLC and the above named facilities	SE (For Pand I am awa ctivities orga erms of this	articipants under age of 18): are of and hereby acknowledge the nized and operated by STRATMAN	N SPORTS, LLC at the abound and Indem	ve named facilities.	
HAVE SIGNED IT FREEL RELEASE OF ALL LIABI	EEMENT, FULLY UNDERSTAND ITS TER Y AND WITHOUT INDUCEMENT OR ASS LTY TO THE GREATEST EXTENT ALLOW , NOTWITHSTANDING, SHALL CONTINU	RMS, UNDE SURANCE C WED BY LA	RSTAND THAT I HAVE GIVEN UP OF ANY NATURE AND INTEND IT T W AND AGREE THAT IF ANY POR	SUBSTANTIAL RIGHTS BY	JNCONDITIONAL	
Participant's S	Signature (if 18 or older):			Date:		
Pr	nted Name of Parent/Guardian:_					
	Parent/Guardian Signature:_ (if Participant is under age 18)					