



Participant Agreement, Release and Assumption of Risk and Indemnity Agreement – 84-Sports

Please print and fill out all areas completely

Participant Name: _____ Birthdate: _____

Participant's team/organization: _____ Title (coach/player/assistant) _____

In consideration of my use of facilities and/or services provided at 84-Sports at 2033 W. US Highway 40, Greenfield, IN, 46140, I represent that I understand the nature of this Activity and inherent risks associated with such Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activities. I acknowledge that if I believe conditions are unsafe, I will immediately discontinue participation in the Activity and notify personnel of 84-Sports.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of other participants, or the negligence of the "releasees" named below; and that there may be other risks including responsibility for losses, costs, and damages I incur as a result of my participation in this Activity.

I hereby release, discharge and covenant not to sue 84-Sports, its representative administrators, directors, officers, volunteers, employees, other participants, and owners of premises on which the Activity takes place, (each considered one of the "RELEASEE" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part of the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the releasees, I will defend and indemnify each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights by signing this agreement and have signed it freely and without any 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. This agreement is effective at all times subsequent to execution unless rescinded in writing sent to 84-SPORTS at 2033 W. US Highway 40, Greenfield, IN 46140.

I further grant 84-Sports the right, without reservation or limitation, to photograph, videotape, and or/record me and/or my child(ren) and to use my or my child(ren)'s name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials. The intended use is to showcase the facility, advertising and marketing. If names are used in captions, only first names will be used.

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced Activities. I believe the minor to be qualified to participate in such Activity and verify the minor has the appropriate experience and capabilities to participate in such Activities. I hereby release, discharge, covenant not to sue and AGREE TO DEFEND AND INDEMNIFY, SAVE AND HOLD HARMLESS each of the releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations. Further, I agree that if, despite the release, I, the minor or anyone on the minor's behalf makes a claim against any of the above releasees, I WILL DEFEND, INDEMNIFY, SAVE AND HOLD HARMLESS each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any releasee may incur as the result of such claim.

I have had sufficient opportunity to read this entire document. I understand this Agreement and I voluntarily agree to be bound by its terms.

Signature of Parent/Legal Guardian/Participant (if 18 or older): _____

Printed Name: _____ Date: _____

Street Address: _____ City: _____ ST: _____

Emergency Contact number(s): _____

Allergies or Other Medical Conditions in case of Emergency: _____
