

The Zone Sportsplex Players Card & WAIVER OF LIABILITY

**THIS FORM MUST BE FILLED OUT COMPLETELY, SIGNED & SUBMITTED
BEFORE ANY PLAY IS ALLOWED**

I, the participant, in signing this waiver or having it signed on my behalf by my parent/guardian, understand that in attending any program/league/activity and using the facilities provided by The Zone Sportsplex I do so at my own risk. I agree that The Zone Sportsplex and its owners, employees and agents shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by me, the participant, or any family member while participating in or observing any activity at The Zone Sportsplex.

I acknowledge that I am aware of the risks inherent in participating in indoor sports including practice, competition, open play or any other activity; that indoor sports require physical activity including running, starting, stopping and physical exertion that could potentially result in injury, possible permanent disability and/or death; and that I am in good health and in proper physical condition and am qualified to participate in such activity.

I understand that all participants assume full responsibility for any and all injuries and damages that may occur as a result of any activities on the premises and I do hereby fully and forever release, discharge and hold harmless The Zone Sportsplex and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or arising out of any person's participation in any activities or use of its facilities. In addition, he/she/I agree(s) to follow the rules of play and conduct set by The Zone Sportsplex and he/she/I understand(s) that failure to do so may result in suspension from participation. I also waive all rights to any photos taken for use in any The Zone Sportsplex publication.

Participant's Name _____ **DOB** _____

Participant's Signature _____ **Date** _____

Street Address _____ **City/State** _____

Zip Code _____ **School** _____ **Gender** _____

E-Mail Address _____

Home Phone _____ **Emergency Phone** _____

If participant is younger than 18 years of age, parent/guardian must sign below:

Parent/Guardian's Name _____

Parent/Guardian's Signature _____ **Date** _____

The players card will be a photo id and protect the integrity of our leagues as we will be able to ensure that the registered players for that league/team are the participants. The cost of the card is \$25 (including tax). If you are mailing in, please provide a check in this amount or provide your credit information below.

Payment Method:

Check
 MC/VS# _____
Amt: _____ **Exp:** _____
Signature _____
Print Name _____

Mailing Address:

**The Zone Sportsplex
PO Box 1344
Poulsbo, WA 98370**