

**The Zone Sportsplex / Lil Kickers Programs
WAIVER OF LIABILITY**

**THIS FORM MUST BE FILLED OUT COMPLETELY, SIGNED & SUBMITTED
BEFORE PARTICIPATING AT THE ZONE SPORTSPLEX**

I, the participant, in signing this waiver or having it signed on my behalf by my parent/guardian, understand that in attending any program/event or participating in any league/activity, including but not limited to inflatable/bounce houses and/or using the facilities provided by The Zone Sportsplex or Lil Kickers, I do so at my own risk. I agree that The Zone Sportsplex and/or Lil Kickers 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 or participating in Lil Kickers programs.

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/or Lil Kickers 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/Lil Kickers publications.

Adult/Guardian _____ **DOB** _____ **Gender M F**

Street Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone _____ **Cell Phone** _____

E-Mail Address _____

Emergency Contact _____ **Phone** _____

Minors/Dependents

Name _____ **DOB** _____ **Gender M F**

Name _____ **DOB** _____ **Gender M F**

Name _____ **DOB** _____ **Gender M F**

Name _____ **DOB** _____ **Gender M F**

Adult/Guardian Signature _____ **Date** _____