



**Waiver of Liability,
Release Assumption
of Risk & Indemnity
Agreement**

Participant—Last Name			First Name			Middle		
Organization (i.e. school, family, etc.)			Date of Birth			M / F Gender		
Address								
City			State			Zip Code		
Parent/Guardian—Last Name			First Name			Home Phone		
Work Phone			Mobile Phone					

I, _____, being of lawful age, in consideration of being permitted to participate in all league, activities, and events at the Sportsplex, scheduled for, and run and/or operated by the Sportsplex, WAIVE, RELEASE, and DISCHARGE the Sportsplex, it's officers and members, and all business associates and partners involved in the presentation of the above noted activity and each of their officers and employees, from all liability for or by reason of any damage, loss or injury to person and property, even injury resulting in the death of the Releasor, which has been or may be sustained in consequence of participation in the activity described above, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Releasee.

I hereby acknowledge and agree that I have carefully read this Waiver and Release agreement, that I fully understand it, and that I am freely and voluntarily executing it.

By signing this release I will be forever prevented from suing or otherwise claiming against the Sportsplex for any property loss or personal injury that I may sustain while participating in or preparing for the above noted activity or any other Sportsplex program, league, pick-up activity, or other program activity.

I understand that I would not be permitted to participate in the above noted activity unless I signed this agreement.

I authorize Sportsplex to reserve the right to photograph and/or videotape for promotional purposes any activities, events and/or programs that myself and/or my child may participate in.

I understand that this agreement is binding on me, my spouse, my heirs, my executors, administrators, personal representatives and assigns.

I acknowledge that I do not have any physical limitations, medical ailments, physical, or mental disabilities that would limit or prevent me from participating in the above mentioned activity, and, if required, will obtain a medical examination and clearance.

This release contains the entire agreement between the parties to this release and the terms of this release are contractual and not to a mere recital.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall indemnify and save harmless releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage, or wrongful death.

This Waiver and Release Agreement will be construed in accordance with and governed by the laws of the State of Virginia, and it is acknowledged by the Sportsplex to be as broad and inclusive as permitted by the laws of this jurisdiction.

I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS MAY HAVE AGAINST THE SPORTSPLEX.

Participant Name (Please Print) _____ Age: _____ Date Signed: _____

Participant Signature _____

Parent of Guardian Signature (if participant is under the age of 18)

Date Signed: _____