



**AMBROSE ATHLETICS YOUTH SPORTS, INC
WAIVER AND RELEASE**

Program: _____

Player Name: _____ Parent Name: _____

Parent Email: _____ / Cell Phone: _____

In consideration of being allowed to participate with **AMBROSE ATHLETICS YOUTH SPORTS (AAYS)** and participate in any way in its programs and related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

The risk of injury and illness from my presence and participation in these activities is significant, including the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and presence, or for that of my minor child.

I agree that visitors, including family, may be prohibited or limited in number, according to prevailing best practices for the safety and security of all persons at the AAYS facility/leased facilities. Such limit or prohibition shall be at the sole discretion of AAYS and without recourse or compensation.

I understand that there are cameras and microphones on all court areas. I consent to being recorded, both images and sound, and relinquish any rights of ownership or royalty of these recordings and images. I agree to allow AAYS to use such recordings/images for any lawful business purposes.

If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official or staff member immediately.

I willingly agree to comply these terms and conditions for participation.

I, for myself and on behalf of my minor children, heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless **AMBROSE ATHLETICS YOUTH SPORTS, /AMBROSE ATHLETICS VOLLEYBALL**, its officers, officials, agents and/or employees, coaches, other participants, sponsors, advertisers, and, if applicable, owners and lessors or premises used to conduct the program or event ("Releasees"), from any and all claims, demands, losses, and liability arising out of or related to any injury, illness, disability or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, as well as the Code of Conduct posted on the AAYS website (ambroseathletics.org), and I fully understand its terms. I understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement. If I am signing for a minor participant, I agree that the minor participant has been informed of and will comply with the terms and conditions herein.

X _____
Parent or Guardian Signature

Date

Emergency phone #