



INDIVIDUAL REGISTRATION/WAIVER Date \_\_\_\_\_

Participant Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M or F

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Contact email \_\_\_\_\_ Contact phone # \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**TEAM NAME** \_\_\_\_\_

**RELEASE and WAIVER of LIABILITY, Assumption of Risk, and INDEMNITY,  
and Participant/Parental Consent AGREEMENT**

I have voluntarily enrolled myself or my child(ren) at theZONE and understand that utilizing the facilities, services and programs of theZONE, LLC (or for my children to so participate) for any purpose, may be hazardous. I hereby accept any and all risk of injury. I hereby fully and forever release theZONE LLC and Oconomowoc Holdings LLC, its owners, agents, employees, or instructors/ coaches from all actions, claims or demands that I, my assignees, heirs or agents or my enrolled child or such child's assignee, heirs or agents now have or may hereafter have for injury or damage resulting from my child's participation in any activity or program or during the time and after these activities/programs. I am also responsible for any intentional damage done by myself/or my child on the premises. As a parent or legal guardian of the enrolled child, I hereby give consent for any emergency medical treatment as approved by the person in charge in case of injury or sudden illness. I do hereby authorize theZONE and its assigns to utilize any and all photographs, pictures, or other likeness of me or my child as they deem appropriate in its promotional materials.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Print name of Participant/parent/legal guardian \_\_\_\_\_

Signature of Participant/Parent: \_\_\_\_\_ Date: \_\_\_\_\_