# Flag Football Waiver & Release Form Saturdays late morning & afternoon

# November 1- December 13, 2025 (Skip 11/29)

## **Location: Fitness Lifestyles Fieldhouse**

Team Name:		
Coach Name		
Email		_
Team Member #1:		
Address:		
Email:		_
DOB	Grade	
Team Member #2:		
Address:		
Email:		

	DOB	Grade	
	Registration l	begins 10/1/25 and is due 10/22/25	
	Season b	pegins Saturday November 1st	
Regi	stration Fee: \$6	60.00 per player *Fee includes a team shirt	
League i	s split into kids	entering the following grades: 1&2, 3&4, 5&6	
Must sign-up with	a team Fitness	Lifestyles is not responsible for finding a team for child.	your
	7 player	rs will be on the field at once	
	Pre-Registrat	tion & Payment may be mailed to:	
(Checks made o	out to Fitness Li	ifestyles-In memo line write: Flag Football Leag	gue)
		Mail checks to:	
	6	641 W. Stephenson St.	
		Freeport, IL 61032	
	Геат Membei	r #1 Signature (parent if minor):	
	Dat	te:	_
, 	Геат Membei	r #2 Signature (parent if minor):	
	Date	۰۰۰	

## **RULES & REGULATIONS**

- 1. This is a family-friendly event. Please refrain from inappropriate language and observe the rules of good sportsmanship at all times.
- . A coin toss will take place prior to the start of the contest. The winner of the coin toss has the option EITHER to throw first or to choose which side their team will throw from.

. Most important—HAVE FUN!

\*Please contact (815-233-2292) if you have any questions. Thanks!

#### RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in activities, and for other good and valuable consideration, I hereby agree to **release** and **discharge from liability** arising from negligence *Fitness Lifestyles of Freeport Inc.* and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

I acknowledge that participating in identify activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be

eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

- 2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
- 5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
- 6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right

to	maintain	a	lawsuit	against	the	parties	being	released	on	the	basis	of	any	claim	for
ne	gligence.														

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature		Print	Name
AddressZip	City		State
Telephone ()	_	Date	

### PHOTO RELEASE

I grant to Fitness Lifestyles of Freeport Inc, its representatives and employees the right to take photographs of me and my property in connection with the Cornhole Tournament.

I authorize Fitness Lifestyles of Freeport Inc, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree Fitness Lifestyles of Freeport Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above: Signa	ature	
PARENT OR GUARDIAN	ADDITIONAL AGREEMENT	
(Must be completed for par	rticipants under the age of 18)	
In consideration of	er agree to indemnify and hold harmless Relea re brought by or on behalf of minor or are in	sees
Parent or Guardian Date	Print N	ame
(If notarization is necessary plea	ase sign & stamp this side of form.)	