

## Waiver /Release

### ATHLETIC WAIVER AND RELEASE OF LIABILITY

#### Please read before signing:

In consideration of being allowed to participate in any athletic program or activity at **Indoor365, located at 16 -22 N US Route 9W, Unit 22, Congers 10920**, you as the undersigned acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in or at this facility is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does still exist and you have read and understand and agree to the below points.

2. 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,

3. I willingly agree to comply with the stated and customary terms and conditions for Participation. If, however, 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 immediately; and,

**4. I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS INDOOR365 (DBA), ROCKLAND ASTROS LLC, their directors, officers, officials, agents, volunteers, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessor's of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, 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, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.**

Player Name (Please print)

Player signature \_\_\_\_\_

**(Parent or guardian signature is needed if player is under the age of 18)**

Parent or guardian signature: \_\_\_\_\_

Date:

Phone #

Email:

Program attending: