

# **INDIAN RIVER SPORTS COMPLEX INC:**

## **Kronos Custom Gloves LLC:**

### **Waiver and Release Form**

#### **Liability Release and Parental Consent Form**

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Indian River Sports Complex Inc., its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

I give consent for my child \_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf.

#### **Consent for Treatment**

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Indian River Sports Complex Inc. will provide no medial insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/Guardian Signature

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Print Name/Date

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