

**SOUTHPOINTE FIELDHOUSE**  
104 Cecil Henderson Road  
Canonsburg, Pennsylvania 15317

724-747-4222

[www.southpointefieldhouse.com](http://www.southpointefieldhouse.com)

**WAIVER AND RELEASE**

This Waiver and Release shall be completed by, and signed by or on behalf of, each player, coach or other person associated with the Team, and all referees and other field judges, who enter the Fieldhouse premises.

If the person is less than 18 years old, this Waiver and Release is to be signed by a Parent/Guardian, and if the person is between 18 and 21 years old, by both the person and the Parent/Guardian.

ALL PERSONS ARE URGED TO OBTAIN A PHYSICAL EXAMINATION BY A PHYSICIAN PRIOR TO PARTICIPATING IN ANY ACTIVITY AT THE FIELDHOUSE FOR THE PURPOSE OF ASSESSING THE CONDITION OF THE PERSON FOR SUCH PARTICIPATION.

Participant's Name: \_\_\_\_\_

Team Name: \_\_\_\_\_ Sport/Activity: \_\_\_\_\_

Age Division: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I understand that I will be participating in activities that involve serious risk of personal injury and damage, including permanent disability and social and economic losses, which might result from my own actions, from the actions of others, from the rules of play, or from the condition of the competition area and/or the related facilities or equipment used in the activities in which I will be participating. I also understand that there may be other risks not known to me or not foreseeable. I assume all of the foregoing risks and accept personal responsibility for any resulting personal injury or damage, including permanent disability or social and economic losses.

Except for a released party (as such term is defined in this paragraph) whose gross negligence is the sole cause of any injury, damage or loss to me or my property, I hereby release, waive and discharge Southpointe Fieldhouse, LLC, and its affiliate, MBM Enterprises, LLC, and their respective owners, members, employees, agents, officers and representatives (individually, a "released party" and collectively, the "released parties") from, and agree not to sue any such

released parties for, any claims, demands, damages, losses or liabilities which result on account of:

1. Any personal injury or damage, including disability or social or economic loss, caused by, or alleged to have been caused by, in whole or part, any cause whatsoever; and
2. Any damage to, or loss of, any of my clothing, equipment or other property caused by, or alleged to have been caused by, in whole or in part, any cause whatsoever including theft.

I HAVE READ THIS WAIVER AND RELEASE AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I have signed it voluntarily, intending to be legally bound, and understand that my execution of this Waiver and Release is an express requirement for my participation in activities at the facilities of Southpointe Fieldhouse, LLC. This Waiver and Release shall remain in effect for all activities in which I participate at the facilities of Southpointe Fieldhouse, LLC on or after the date that I have executed this form.

I hereby give permission for digital or other photographic images of my child and/or myself to be taken during activities at Southpointe Fieldhouse, LLC. I understand the digital or other photographic images may be shared with others who participate in activities at the facilities of Southpointe Fieldhouse, LLC and their parents, used for promotional purposes, or provided to me.

Parent/Guardian Names: \_\_\_\_\_

Parent/Guardians' Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_