

Home Grown Indoor Sports

Participation Form

*Name: _____

*Address: _____

*Players Email: _____

*Parents Email: _____

*Player Cell: (_____) _____ *Parent Cell: (_____) _____

*Emergency Contact Name: _____ *EC Cell (_____) _____

*Date of Birth: _____ / _____ / _____ *Gender: _____

*Sport: Circle One Lacrosse Soccer

*All Fields are required

Waiver

As a condition for entry upon the premises and participation in our sports programs or use of our indoor facility, it is required that the following agreement is signed.

I understand that there are risks of injury when participating in sports in this facility. I further understand that injuries may result from our action, inaction; action or inaction of others, the rules of play, the conditions of the premises or any equipment use. I further understand that there may be risk not known to Home Grown Indoor Sports or foreseeable at the time. I agree to the following: (1) I shall assume all risks, which could arise as a result in sports, events, and activities conducted by Home Grown Indoor Sports. (2) I hereby agree release, waiver, discharge and covenant to sue Home Grown Indoor Sports, it's administrators, members, managers, directors, coaches, other employees, other athletes and participants, and the owners and leasers of the premises from demand, the actions of infractions of others. (3) I accept responsibility that equipment used meets appropriate safety standards. (4) I confirm participants' doctor approval to participate. (5) I hereby authorize Home Grown Indoor Sports and it assigns to utilize any and all photograph pictures or likenesses of the participants, as they deem appropriate in their promotional material.

THE UNDERSIGNED PLAYER/PARENT/GUARDIAN/ HAS READ THE ABOVE WAIVER AND UNDERSTANDS ITS PROVISIONS AND SIGNED IT VOLUNTARILY.

Signature: _____ Date: _____