



Indoor Action Sports Participant Waiver

Sport: _____ Team: _____

Event: _____ League: _____

Participants Name	Position	Grad. Year	DOB
Address	City	State	Zip
Home Phone	Email		

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I give my consent to the above named person to participate in all of the activities of the *Indoor Action Sports Development Center, Franklin County Lacrosse Association, the Hampshire Dome, & the Sports for Life Foundation* and accept full responsibility for participation. I assume all risks and hazards incidental to the conduct of the activities and do further release, absolve, indemnify, and hold harmless the organizers, coaches, referees, and supervisors of any organization related to this event. I also understand that *Indoor Action Sports* strongly recommends the use of any and all NCAA approved protective equipment. By not wearing this equipment I assume all risks associated. In the case of injury to the above named person, I waive any and all claims of negligence against *Indoor Action Sports*, their associates and/or appointees, as well any person, party, or organization associated with the event. I understand the risks associated with sports including, but not limited to, sprains, contusions, concussions, broken bones, and in extreme cases death and that the above named is participating at his/her own risk with full knowledge of the dangers associated.

I understand that **NO REFUND** of fee will be given in the case of dismissal for disciplinary reasons. I also understand that **NO DRUGS OR ALCOHOL** may be brought onto or consumed on the premises at which the event is taking place whether it is held at *Indoor Action Sports* or on any other private or public property. *Indoor Action Sports* and any associated with this event reserve the right to suspend or expel any participant who violates any rules stated or implied, or whose behavior or style of play is considered unsportsmanlike, uncontrollable, or a risk to other players.

I hereby consent to the use of my image by *Indoor Action Sports* for any and all purposes, including without limitation, video, still photographs, publications, and any trade or advertising purpose.

I HAVE READ THE ABOVE PARAGRAPH AND UNDERSTAND IT FULLY. I ASSUME ALL RISK OF INJURY. THIS RELEASE IS SIGNED AS MY OWN FREE ACT AND DEED.

Player Signature: _____ Date: _____

Parent / Guardian: _____ Date: _____

If under 18 please have parent / guardian sign

Indoor Action Sports Development Center

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