



**\*\*Waiver of Liability\*\***

Name: \_\_\_\_\_ M/F \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Team Name: \_\_\_\_\_

The understanding on behalf of himself/herself, or in his/her capacity as guardian for a minor participating in activities at Showtime Sports Academy, and on behalf of a minors guest's personal representative, assigns, heirs and executors, ("Guest") hereby fully and forever releases Showtime Sports Academy, its employees, volunteers, directors, personal representatives, assigns, heirs and executors (referred to collectively as "Showtime"). From all loss(es) or damage(s) and any all claims or demands, on account of injury to or death of the Guest, or damage to or loss of property whether caused by the active or passive negligence of Showtime more otherwise, in connection with the Guest's attending session and participating in lessons, facility rentals, parties or in traveling to or from the facility at Showtime ("activities"). The undersigned also **assumes all risk of loss** for Guest's activities at Showtime. The undersigned further makes the following representations and warranties:

1. Guest is in good physical condition and is able to safely participate in activities at Showtime.
2. Guest agrees to use of his/her name and photograph in broadcasts, newspapers, brochures, and other media without compensation.
3. Guest warrants that all statements made herein are true and correct and understands that Showtime has relied on them in allowing Guest to participate in activities at Showtime.
4. Guest authorizes emergency medical treatment in the event that an emergency exists.

GUEST HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT:

\_\_\_\_\_  
Signature of Guest                      Print Name                      Date

IF GUEST IS UNDER AGE 18: the certifies that (1) Guest of my son, daughter or other person whom I have legal guardianship over; (2) Guest has permission to participate in the activities at Showtime; and (3) Guest is in good physical condition and is able to safely participate in the activities at Showtime. I hereby authorize medial treatment for him/her and grants access to Guest's medical records as necessary.

\_\_\_\_\_  
Signature of Parent/Guardian for minor or guest                      Print Name                      Date

\_\_\_\_\_  
Printed Name of Minor Guest                      DOB