

LIABILITY WAIVER

I, the undersigned, being aware of my own health and physical conditions, and having knowledge that my participation in any form of physical activity may be injurious to my health, am voluntarily participating in a physical activity.

Having such knowledge, I hereby acknowledge this release of any coaches in the club and the club itself from liability for any accidental injury or illness which I may incur as a result of participating in said physical activity. I hereby assume all risks connected therewith and consent to participate in said physical activity.

I agree to disclose any physical limitations, disabilities, ailments, allergies, conditions, or impairments which may affect my ability to participate in said physical activity.

(If under 18) Parents/Guardian/Care Giver Signature _____
Player Printed Name _____
Player Signature _____
Date ____/____/____

INSURANCE AGREEMENT

I, the undersigned, hereby acknowledge and understand that the club will not be offering insurance to players during tryouts, and I will be providing my own insurance for my player or for myself. Having such knowledge, I hereby acknowledge that providing insurance for my player or myself is of my own responsibility.

Parent/Guardian/Care Giver Signature _____
Player Printed Name _____
Player Signature _____
Date ____/____/____