7070 Seneca St. Elma, NY 14059 (p) 716-655-7529 (f) 716-655-3615

Team Name:_____ Division:_____Team Contact & Phone:_____

Team Jersey Colors #1_____ Team Jersey Colors #2:_____

Waiver & Release of Claim Form - Minor

Please read the following sections carefully and then sign. If the registrant is a minor (under 18) a parent or guardian must sign.

For and in consideration for any participation or use of the facilities or property of the Sahlen Sports Park LLC (herein after "SSP"), I hereby release, waive, discharge and assume any and all risks and liabilities associated with my participation, use or association with the SSP and release and waive any and all rights and claims that I, my heirs, executors, successors or assigns, may now, or in the future, have against the SSP.

This agreement applies to 1) personal injury (including death) from accidents or illnesses arising directly or indirectly from participation in activities directed, suggested, or planned by SSP including, but not limited to, organized activities, classes, instruction, observation, related activities in a non-supervised setting, and use of facilities, premises, or equipment; and to 2) any and all claims resulting form the damage to, loss of, or theft of property.

I further agree to indemnify and hold harmless and defend the SSP, its agents, employees, directors, officers and affiliates, from any claims resulting from the injuries, damages, illnesses and losses sustained by me or caused by me arising out of the association, connection with or in any way with my participation in any fitness and conditioning activities conducted at SSP.

I further state that I am in proper physical and mental condition to participate in the SSP related activities. Injuries may result in the participation in the SSP or its related activities, such as, but not limited to broken bones, torn ligaments, pulled muscles, bruises, etc. I am willing and voluntarily assume all risks in my use of the facilities and all equipment within the SSP and this general release of any liability is expressly executed and delivered by me to the SSP for the express purpose of enabling me to be permitted access and use of all the facilities.

I agree to all photographing and/or recording and agree that SSP can use these images and recording for all purposes of marketing or promoting SSP without payment to, or additional consent.

I agree to the terms of this waiver and release of claim of behalf of the minor identified below and attest that I am at least eighteen (18) years of age and am responsible for this minor. In the event of my absence, I herby grant SSP and its representatives the permission to decide for an/or sign for preventative and/or emergency medical treatment of my child.

Full Name	Address	City	State	Zip	Phone	Birth Date	E-mail	Signature (Parent signature)

7070 Seneca St. Elma, NY 14059 (p) 716-655-7529 (f) 716-655-3615

Full Name	Address	City	State	Zip	Phone	Birth Date	E-mail	Signature (Parent signature)