



**ASSUMPTION OF RISK, WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**

*Each participant must fill out this form. All forms should be turned in to Slater Sports Zone before or upon arrival.*

I wish to participate in sports and other recreational activities available to participants at Slater Sports Zone. I am aware that activities offered at Slater Sports Zone are strenuous athletic activities, and that these activities may be hazardous. I understand and acknowledge that all sports activities, including those offered at Slater Sports Zone, involve risk of personal injury and even death, and that people who have or have had injuries in past, whether sports related or not, may be at an increased risk of future injury. I am aware that by participating in the activities offered at Slater Sports Zone, I am taking the risk that I may be injured.

I acknowledge that it is solely my responsibility (or the responsibility of my parent or legal guardian) to determine, based on my age, health, physical condition and level of athletic experience, what activities at Slater Sports Zone are appropriate for me, and that it is solely my (or my parent or legal guardian's) responsibility to restrict my activities to those which are appropriate for me.

As a condition of my participation in the activities offered at Slater Sports Zone, I expressly assume, to the extent allowed by law, any and all risks of injury or death arising from/or relating to my activities at Slater Sports Zone and I waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against Slater Sports Zone, its affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives, arising from or relating in any way to my participation in the activities offered at Slater Sports Zone. I understand that this Assumption of Risk, Waiver, Release and Indemnification Agreement means, among other things, that if I am injured or if I die as a result of my participation in any of the activities offered at Slater Sports Zone, I and/or my family or heirs cannot under any circumstances sue Slater Sports Zone, its affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives for damages related to or caused by my injuries or death.

I agree to indemnify Slater Sports Zone, its affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives, and their subrogees, if any, in the event of any loss, damage or claim against any of them arising from or relating in any way to my participation in any of the activities offered at Slater Sports Zone.

I understand and acknowledge that I would not have been permitted to participate in any of the activities offered at Slater Sports Zone had I not executed this Assumption of Risk, Waiver, Release and Indemnification Agreement. I have read this Assumption of Risk, Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning, and I execute it freely, with a full complete understanding of its legal effect, and of the fact that it affects my legal rights.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Participant

**FOR PARTICIPANTS UNDER THE AGE OF EIGHTEEN**

I am the **parent** or **legal guardian** of the child whose name and signature appear above. I have read and understand this Assumption of Risk, Waiver, Release and Indemnification Agreement, and consent, on behalf of the child named above, to its terms.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

**Parent/Legal Guardian Contact Information:**

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Mobile Phone

**In the event of an emergency, if the above cannot be reached, please contact:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Secondary Phone