



# ASSUMPTION OF RISK / WAIVER OF LIABILITY RELEASE / INDEMNIFICATION AGREEMENT

What you are about to read and are requested to sign is a waiver and release of liability. In enrolling at Cascade Indoor Sports LLC, (herein after referred to as CIS) the participant understands that attending the programs and using CIS and the facilities does so at his/her own risk. CIS and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on/in/around the premises, He/She does hereby fully and forever release discharged hold harmless CIS, all associated facilities and its owners, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agrees to follow the rules of conduct and play set by CIS. Failure to do so may result in suspension from participation.

Consent: I understand that Cascade Indoor Sports, LLC ("CIS") is furnishing only the opportunity to use an indoor athletic facility and hereby agree to release, indemnify and hold harmless CIS and all personnel, including, but not limited to, officials, staff, landlords, representatives and owners from any claim arising out of any injury, permanent injury or death to myself. I understand the rules of the game and facility, the hardness of the playing surfaces, dasher boards and tempered glass, the different and unique playing characteristics of artificial turf versus grass, and the roughness of the sport. I will play under control, within the rules of the game and to the best of my ability will avoid causing injury to myself and other persons using the facility. I grant CIS the right to video tape and/or photograph my participation in activities and to use the pictures in future brochures. I, in the event that I am injured, do hereby authorize treatment and/or care in ANY hospital and by ANY licensed medical doctor or dentist.

By indicating my signature, I am agreeing to conduct business electronically with Cascade Indoor Sports, LLC. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature, this agreement satisfies that requirement.

Player's Name:

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Player's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Primary #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

E-Mail Address:

### IF THERE IS AN EMERGENCY PLEASE CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Allergies \_\_\_\_\_

Office Use Only: Player Card # \_\_\_\_\_ Date \_\_\_\_\_ Entered by \_\_\_\_\_