



Indemnity Clause and Liability Waiver

Participants Name: _____

If under age 18, Name of Parent or Guardian: _____

Address: _____

City: _____ State: _____ Post Code: _____

Home Phone: _____ Mobile Phone: _____

Date of Birth: _____ Email: _____

Emergency Contact Name: _____

Emergency Phone Number: _____

Acceptance of Risk and Responsibility:

I understand and acknowledge that participating in any slider and kicker activities can bear certain anticipated and unanticipated risks, which could result in INJURY, DEATH, ILLNESS or DISEASE, PHYSICAL and MENTAL DAMAGE to myself, to my property or to other parties or their property.

I voluntarily agree, covenant and promise to accept and assume all responsibilities and risk for injury, death, illness or disease to myself or to my property or other parties and their property arising from my participation in any slider and kicker activities. My participation is purely voluntary.

My signature below indicates that I have read this document and understood it completely. I, the above named person being eighteen years or older, or the parent or legal guardian of the above named participant who is under age 18, hereby acknowledge and agree to above mentioned terms and conditions.

Participants Signature

Date

Parents or Guardian Signature
(for participants under 18 years)

For Office use only: received on, processed on, signed off on

.....(Signature of Staff Member)