



**MEMBERSHIP FORM
ACKNOWLEDGMENT OF RISKS AND
RELEASE OF LIABILITY AGREEMENT**

In consideration of being allowed to participate in sporting activities at **Frisco Indoor Sports, LLC., in leagues, practice, camps, Open Play, or ANY ACTIVITY at Frisco Indoor Sports, LLC. Its Affiliates, Associates, Members, and Member Teams**, its related events and activities,

- _____ (*Printed Name*) or their guardian acknowledges, appreciates, and agrees that:
- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
 - 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
 - 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and,
 - 4) I hereby authorize Frisco Indoor Sports to publish photographs/videos taken of me, and my name, for use in Frisco Indoor Sports printed publications and website. I acknowledge that since my participation in publications and websites is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and website produced by Frisco Indoor Sports confers upon me no rights of ownership whatsoever. I release Frisco Indoor Sports, its contractors and its employees from liability for any claims by me or any third party in connection with my participation; and,
 - 5) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin. HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the **Frisco Indoor Sports, LLC. Its Affiliates, Associates, Leagues, Camp Directors, Managers, Members**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

I/We the undersigned certify that I/we am/are the parent or legal guardian of the player listed above. I hereby give permission for the staff of Frisco Indoor Sports to seek appropriate medical attention to be given in the event of an accident, injury, or illness. I/We will be responsible for any and all costs for medical attention and treatment and have medical insurance to cover these costs. I/We the undersigned for ourselves, our heirs, executors and administrators, waive, release, and forever discharge Frisco Indoor Sports, and all staff, officers and directors, employees, agents, representatives, sponsors, successors, and assignees of and from all rights and claims for damages, injuries, loss to person or property which may be sustained or occur during participation in activities at Frisco Indoor Sports whether or not damage, injury, or loss is due to negligence.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

ALL FIELDS MUST BE COMPLETED IN FULL

_____ CELL NUMBER	_____ EMAIL	
_____ PARTICIPANT’S SIGNATURE (18+)	_____ DATE	_____ Birth Date
		_____ FIS AGE VERIFICATION (DL#, Passport, School ID)

Complete this section for Youth under 18 ONLY			
_____ PARENT/GUARDIAN’S SIGNATURE	_____ RELATIONSHIP	_____ Child’s Birth Date	_____ Date Signed

PAYMENT AMOUNT

RECEIVED BY

DATE RECEIVED