



Indoor Action Sports
Participant Waiver

Sport: _____ Team: _____

Event: _____ League: _____

Participant's Name _____

Email _____

Home Phone _____

_____/_____/_____
Date Of Birth Grade or Year of Grad Position

Address City State Zip

PLEASE READ THE FOLLOWING AND SIGN BELOW: I give my consent to the above-named person to participate in all of the activities of the Indoor Action Sports Development Center, and accept full responsibility for participation. I assume all risks and hazards incidental to the conduct of the activities and do further release, absolve, indemnity, and hold harmless the organizers, coaches, referees, and supervisors of any organization related to this event. I also understand that Indoor Action Sports strongly recommends the use of any and all NCAA approved protective equipment. By not wearing this equipment I assume all risks associated. In the case of injury to the above-named person, I waive any and all claims of negligence against Indoor Action Sports, their associates and/or appointees, as well any person, party, or organization associated with the event. I understand the risks associated with sports including, but not limited to, sprains, contusions, concussions, broken bones, and in extreme cases death and that the above named is participating at his/her own risk with full knowledge of the dangers associated. I understand that NO REFUND of fee will be given in the case of dismissal for disciplinary reasons. I also understand that NO DRUGS OR ALCOHOL may be brought onto or consumed on the premises at which the event is taking place whether it is held at Indoor Action Sports or on any other private or public property. Indoor Action Sports and any associated with this event reserve the right to suspend or expel any participant who violates any rules stated or implied, or whose behavior or style of play is considered unsportsmanlike, uncontrollable, or a risk to other players. I hereby consent to the use of my image by Indoor Action Sports for any and all purposes, including without limitation, video, still photographs, publications, and any trade or advertising purpose. I HAVE READ THE ABOVE PARAGRAPH AND UNDERSTAND IT FULLY. I ASSUME ALL RISK OF INJURY. THIS RELEASE IS SIGNED AS MY OWN FREE ACT AND DEED.

Player Signature: _____

Date: _____

Parent / Guardian: _____

Date: _____

(If under 18 please have parent / guardian sign)

Indoor Action Sports Development Center

1385 Bernardston Road Greenfield, MA 01301 (Ph) 413.772.8665.0 (F) 413.772.0416 Website: www.indooraction.com