

STAFF USE ONLY	
CARD:	
DATE:	

TEAM: \_\_\_\_\_

## TROUTDALE INDOOR SPORTS

### LIABILITY RELEASE FORM

I (the parent/guardian of the participant if a minor) hereby agree to assume all risks of injury and to release, defend indemnify, and hold harmless Troutdale Indoor Sports and all staff, employees, officers, directors, agents and owners from any liability, negligence, causes of action, claims, demands or damages of every kind arising from or which may arise from my participation in activities at this facility including any and all sports or activities on the indoor soccer field, basketball court, special event activities and private rentals. I am physically fit to participate in the activity in which I have chosen to participate and have not been advised otherwise by a medical practitioner.

I understand that I will be engaging in activities that involve the risk of serious personal injury due to actions and negligence of myself and others (including staff, other participants in and the sponsors, organizers and volunteers of the sports and all activities), rules of play and the hardness of the playing surfaces and dasher boards. I assume all of the foregoing risks including the risks of any negligence by other participants or organizers, sponsors, or volunteers, Troutdale Indoor Sports, and all of their respective owners, directors, officers, employees or agents and accept personal responsibility for any injury damage, loss, claim liability or expense of any kind or nature that I or my property may suffer arising out of or in connection with the activities or my participation therein. I grant Troutdale Indoor Sports the right to photographs or video my participation in any indoor activities at this facility, and to use the photographs or video in future brochures, website use and or commercials.

I agree to abide with the rules and policies of the center and acknowledge Troutdale Indoor Sports reserves the right to impose restrictions and/or deny use of the facility as a result of noncompliance with our rules and policies.

In connection with any injury I may sustain or other medical conditions I may experience during my participation in or attendance at activities at the center, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel to execute on my behalf, any permission forms, consents or to her appropriate documents relating to medical attention and to act on my behalf if I am not able or immediately available to do so. If there is a medical emergency and the undersigned parent or guardian cannot be reached, please contact the following individual: \_\_\_\_\_ Phone number: \_\_\_\_\_

**I HAVE READ AND UNDERSTOOD THIS LIABILITY RELEASE AND WAIVER. I UNDERSTAND THAT BY SIGNING THIS RELEASE, I HAVE GIVEN UP MY SUBTANTIAL RIGHTS. I HAVE VOLUNTARILY SIGNED THIS RELEASE**

<b>PLAYER FULL NAME:</b>	<b>DATE OF BIRTH:</b>
<b>ADDRESS:</b>	<b>CITY/STATE/ZIP CODE:</b>
<b>HOME PHONE NUMBER:</b>	<b>CELL PHONE NUMBER:</b>

PLAYER  
SIGNATURE: \_\_\_\_\_

IF MINOR

PARENT/LEGAL GUARDIAN PRINTED  
NAME: \_\_\_\_\_