CITY SPORTS on 4
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www.citysportson4.com • info@citysportson4.com

Parent/Legal Guardian and/or Participant must read full agreement and complete all areas.

RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Read Carefully Before Signing

In consideration of participating in City Sports on 4 Activity(s), I, for myself, my child and/or ward (hereby referred to as "participants") understand the nature of this Activity(s) and that we, the participants, are qualified, in good health, and in proper physical condition to participate in such Activity(s). I acknowledge that if I believe event conditions are unsafe, I, for myself, my child and/or ward will immediately discontinue participation in the activity. I fully understand that the Activity(s) involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity(s).

I, for myself, my child and/or ward hereby release, discharge, and covenant not to sue City Sports on 4, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity(s) takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I, for myself, my child and/or ward have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I, the undersigned, acknowledge and certify that I have had sufficient opportunity to read the entire agreement and acknowledgement of risks, that I understand its content and that I execute it freely and without duress of any kind and agree to the terms herein stated.

Medical Conditions: CHILD is subject to the following allergies or medical conditions, and I authorize the facility to disclose these conditions to a physician or other medical professional in the event said CHILD should require emergency medical care. Please list any allergies or medical conditions: _____

This Agreement will remain in full force and effect at all times.

_____ _____ _____
Programs/Activities Child's Name (if applicable) Date

_____ _____
Printed Name of Parent/Guardian or Adult Participant Email

_____
Street City State Zip

_____ _____
Signature of Parent/Guardian Telephone

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Office Use
Amount: _____
Check# _____
Credit Card (MC or VISA):_____Exp. Date:_____
CCV Code (3 Digit code on back of card): _____Billing Zip:_____