Sport Zone Roster & Waiver 2016/17 www.sportonepark.com

100 Business Rt. 30 (Hill Ave). Aurora, IL 60504 630 820-8624 fax: 630-820-8638

Please read and fill out the form completely. Signatures are required. Prior to the start of the first scheduled game, the completed from should be submitted to the manager of The Sport Zone. No one will be permitted to play until this form is completed and received by The Sport Zone.

In consideration of the mutual promises and agreements of the undersigned, or undersigned's child, and their heirs, executioners and administrators, does hereby waive and release any and all injuries or damages suffered by himself, herself, or their child before, during, or after any activities sponsored or involving The Sport Zone or its agents.

The undersigned acknowledges that the activities engaged by the undersigned or their minor child, have certain risks. Not withstanding these assumed risks the undersigned agree to permit the minor child or the undersigned to engage in said activities at their sole risk and expense. The Sport Zone and its agents shall not in any event be liable for any resulting injury caused by accident or negligence of the Sport Zone or its agents. The undersigned further agrees to reimburse The Sport Zone or its agents, for any and all cost of litigation and attorney's fees of The Sport Zone or its agents in the event a claim is asserted against The Sport Zone or its agents.

Team Name: ______________________ Sport:____ Division: ___________ Age Group: _______.
Contact Person:_________________________________ Phone: ________________________ Email: ___________________________________

Player's Name	Address	City/Zip	Phone	Parent or Guardian Signature