



**ADULT & MINOR PARTICIPANT FORM**

**Participant Name:** \_\_\_\_\_ **Minor? Yes/No** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Sport/Team/Program Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Family Members:**

1. \_\_\_\_\_ **Parent/Guardian Name/Signature:** \_\_\_\_\_

2. \_\_\_\_\_ **Parent/Guardian Name/Signature:** \_\_\_\_\_

3. \_\_\_\_\_ **Parent/Guardian Name/Signature:** \_\_\_\_\_

**PARTICIPATION AND INDEMNITY AGREEMENT,  
RELEASE AND WAIVER OF LIABILITY**

In consideration of being permitted to participate in any and all activities at the Accelerate Sports complex located at 5241 Judd Road, Whitesboro, New York, I, the above-named participant / the parent/guardian of the above-named participant, understand and affirm relative to my/child's participation in any activity at the Accelerate Sports complex that involves physical exercise or exertion that I/my child follow the advice of his/her personal physician, including restrictions, recommendations or instructions which the personal physician has provided. I freely and voluntarily am participating/allowing my child to participate in physical activities which involves physical exercise and/or exertion at the Accelerate Sport complex. I agree and warrant that if at any time I believe conditions to be unsafe, I immediately will discontinue/will have my child discontinue further participation in the activity at the Accelerate Sports complex. I am fully aware and understand that Accelerate Sports does not have on or about the complex, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

I, on behalf of myself, my family, beneficiaries, heirs, administrators and assigns, voluntarily release, discharge and promise not to sue, and covenant and agree to indemnify, protect, defend and hold harmless Accelerate Sports, its agents, representatives, employees, members, officers, directors, officials, successors and/or assigns from and against any and all damages, losses, charges, liabilities, obligations, penalties, claims, litigation, demands, defenses, judgements, suits, actions, proceedings, costs, disbursements, and/or expenses, including, without limitation, all reasonable attorneys' fees, which may now or in the future be undertaken, suffered, paid, awarded, assessed, imposed, asserted or otherwise incurred by Accelerate Sports, it's agents, representatives, employees, members, officers, directors, officials, successors and/or assigns relating to, resulting from or arising out of my (child's) use or and/or participation at the Accelerate Sports complex located at 5241 Judd Road, Whitesboro, New York, including, but not limited to, any loss or liability to my (child's) person or property, or to that of any other person or property.

Photographs and/or video occasionally are taken of program and event participants at Accelerate Sports. These photographs may be used to promote future programs and events.

**I HAVE READ THIS DOCUMENT. I FULLY UNDERSTAND THAT I AM ASSUMING ALL RISKS INHERENT WITH ANY AND ALL ACTIVITIES IN WHICH I/MY CHILD PARTICIPATE AT ACCELERATE SPORTS, WHETHER KNOWN OR UNKNOWN, AND THAT I AM RELEASING ALL CLAIMS THAT MAY ARISE. I VOLUNTARILY SIGN MY NAME EVIDENCING MY UNDERSTANDING AND ACCEPTANCE OF THE ABOVE PROVISIONS. I INTEND TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, I AGREE THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.**

Participant/Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_