

Assumption of Risk and Waiver of Liability



Sports/Event: _____ Date: _____

Participant's Name: _____ Phone: _____

Address: _____

Email Address: _____

In consideration for the use of the Ladera Sports Center facilities at any time on or after the date of this Assumption of Risk and Waiver of Liability, I hereby acknowledge and agree:

1. The sporting activity in which I will participate involves significant risk of personal injury, including the risk of death and permanent disability. I hereby assume all such risks, known and unknown, foreseen and unforeseen, and assume full responsibility for my participation in such activity.
2. I will comply with all policies, instructions, rules and regulations and directions related to my participation in such activity. I also acknowledge that Ladera Sports Center may use my photographs, videos, voice and likeness in any and all media for promotional purposes without further compensation or notice.
3. For myself and on behalf of my heirs, assigns, next of kin and personal representatives, I hereby indemnify, release and hold harmless Ladera Sports Center, LLC ("LSC"), and its officers, employees, members, agents, representatives and other sports participants from and against any and all claims, losses or damages, including, without limitation, any and all personal injury, disability, death and damage to personal property arising directly or indirectly from my participation in such activity, to the extent permitted by law.
4. I have no medical condition that could impair my safe participation in such activity. I acknowledge that LSC does not maintain medical insurance for me. If I have a medical emergency, I hereby grant LSC permission to administer or have administered whatever emergency medical care it deems necessary for my welfare and I shall be responsible for any costs incurred by LSC in providing such medical care.

I HAVE READ AND FULLY UNDERSTAND THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND ACKNOWLEDGE THAT I HAVE WAIVED CERTAIN RIGHTS BY SIGNING IT.

Signature: _____ Date: _____
(If participant is under the age of 18, parent/legal guardian signature)

Printed Name: _____

Emergency Contact Phone Number: _____