



Storm Athletic Center Consent/Waiver Form

In consideration of being allowed to participate in events at Storm Athletic Center, I acknowledge, appreciate, and agree that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Releasees, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 5) Photos: I agree to grant Storm Athletic Center and its staff members to take videos and/or pictures of my participation during events held at Storm Athletic Center. I further agree that any or all of the material photographed may be used on Storm Athletic Center's website, social media pages, brochures, future publications, and marketing materials used to promote Storm Athletic Center, and further that such use shall be without payment of fees, royalties, special credit, or other compensation.
- 6) I understand that there are **non-refundable deposits** for particular events. Unless otherwise agreed upon with written consent from storm Athletic Center management, I will pay the full amount of the deposit and not expect any refunds.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Player's Name

Parent/Guardian Name

Player or Parent/Guardian (if under 18) Signature

Email address