

Amateur Athletic Waiver And Release Of Liability And Contingent Not To Sue

In consideration of being allowed to participate in any way in independent sports clubs (ISC), XL Sports, KC Outlaws, Ken McDaniel’s athletic/sports programs, related events and activities, the undersigned acknowledges, appreciates, and agrees 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 dose exist; and,
2. I KNOWINGLY and FREELY ASSUME ALL SUCH RISKS, both know and unknown, and assume full responsibility for my participation; and,
3. I willing 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; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and net of kin, HEREBY RELEASE AND HOLD HARMLESS Ken McDaniel The Independent Sports Clubs (ISC), XL Sports, KC Outlaws, 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 or events (“Releasees”), WITH THE RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person of property.

This is to certify that I, as parent or guardian with legal responsibility for this participation, do consent and agree to his/her release as provided above of all the RELEASORS, and for myself, heirs, assigns, and next of kin, I release and agree to identify the RELEASEES from any and all liabilities incident to myself or minor child’s involvement or participation in these programs as provided above.

Signature _____ Date _____

Parent’s Name _____

E-mail address _____

Phone # _____

Player’s Name _____

Birthday _____