



## PLAYER'S WAIVER / RELEASE OF LIABILITY & MEMBERSHIP FORM

Please print clearly:

Player's First Name \_\_\_\_\_ Player's Last Name \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_  
Parent/Guardian (if player is under 18 yrs old) \_\_\_\_\_ Parent's DOB \_\_\_ / \_\_\_ / \_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Email \_\_\_\_\_ Male / Female (circle one)

I (parent or legal guardian if applicable) hereby give my consent and agree to release, indemnify, and hold harmless the Longevity Sports Center and all personnel including but not limited to referees, staff, management, scorekeepers and owners from any claim arising from personal injury or property damages to the named individual(s). I understand that the Longevity Sports Center does not carry insurance to cover participants in the activity for which I am registered. I understand the hardness of playing surfaces and dasher-boards and the inherent roughness of sports. I grant Longevity Sports Center the right to photograph or video the players in participation in any activity and to use photographs or video in brochures, commercials and with My Replay Live Inc. systems. I also acknowledge that I have read and understand the Rules and Regulations of Play made available on the website as well as in the LSC office.

### **GUARANTEE OF COMPLIANCE TO RULES OF THE LONGEVITY SPORTS CENTER**

In the event of any dispute arising between the undersigned and Longevity Sports Center, the undersigned agrees to abide with all Longevity Sports Center rules, policies and officials. Longevity Sports Center reserves the right to impose restrictions and or penalties as a result of noncompliance with Longevity Sports Center's rules and policies. Copies of the rules and policies are available upon request in the office of Longevity Sports Center and at [www.lscvl.com](http://www.lscvl.com). ALL MEMBERSHIP, CLASSES AND LEAGUE FEES ARE NON-REFUNDABLE.

### **EMERGENCY AUTHORIZATION**

I (parent or guardian if applicable), do hereby authorize the coaches, assistants, staff or parents of team members to act in the capacity of activity supervisors and as agents for the undersigned to consent to medical, surgical or dental examination or treatment, etc... in case of emergency. I hereby authorize treatment and/or care of registered player in any hospital and by a medical physician(s). If there is an emergency and I cannot be reached, please contact the following emergency name and phone number (family, friend, emergency contact):

In case of emergency, please contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Please read all of the above before signing. **PLAY AT YOUR OWN RISK.**

Signature of player \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent (if player is under 18) \_\_\_\_\_ Date \_\_\_\_\_

