

WAIVER OF LIABILITY/INFORMED CONSENT/ASSUMPTION OF RISK

SPORTS STATION LTAD LLC

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in activities at **SPORT STATION LTAD LLC**, as you will be waiving and releasing all claims for injuries or death you or your minor/ward might sustain arising out of participation in sporting events and sport training activities.

I have enrolled myself, or have enrolled my minor/ward in a sport, activity, or training program which may include strenuous physical activity, including, but not limited to weight training, aerobic conditioning, speed training and participation in various sports activities. I understand that neither I, nor my minor/ward should enter into such activities unless we are medically able to participate. I hereby affirm that I or my child/ward as the case may be are in good physical condition and do not suffer from any condition which would prevent or limit participation in activities. I on behalf of myself and my minor/ward hereby acknowledge, appreciate, and assume all risks associated with all physical activities connected to or associated with any and all events at The Sport Station, including death, damage or loss, regardless of severity.

On behalf of myself or my minor/ward, our heirs, executors and administrators, I agree to waive and relinquish all claims I or my minor/ward may have against **SPORT STATION LTAD LLC** and its officers, agents, servants, employees, volunteers, contractors, managers, and members from any and all claims from injuries, including but not limited to death, damage or loss, heart attacks, muscle strains, pulls and tears, broken bones, shin splints, heat prostration, knee injuries, lower back injuries, which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the participation in activities at **SPORT STATION LTAD LLC** arising for any reason whatsoever, including the negligence of **SPORT STATION LTAD LLC** and their officers, agents, servants, employees, volunteers, contractors, managers, and members.

I further agree to indemnify and hold harmless and defend **SPORT STATION LTAD LLC** its members, managers, officers, agents, servants, volunteers, employees and contractors from any and all claims resulting from injuries, including death, damage or loss, sustained to me or my minor child/ward arising out of or connected with or in any way associated the participation in activities at **SPORT STATION LTAD LLC**.

I understand and agree that this Waiver of Liability, Informed Consent, and Assumption of Risk Agreement cover each and every activity in which I or my minor/ward may participate in at **SPORT STATION LTAD LLC** hereafter.

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

Participants Name (Please Print): _____

Address: _____ City: _____ Zip: _____

Phone Number: (____) _____ E-mail: _____

Signature: _____ Date: _____

(IF UNDER 18 YEARS OF AGE, PARENT/GUIARDIAN SIGNATURE IS REQUIRED)