

Capital City Juniors

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, ("_____"), acknowledge that I have voluntarily applied to participate in the volleyball open gym at the Capital City SportsPlex.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify the above statement by placing my initials here: _____
Parent or Guardian's initials (if under 18) _____

As consideration for being permitted by the Capital City Juniors "CCJ", the Capital City SportsPlex ("PLEX"), and any lessor of the Capital City SportPlex premises ("lessor"), to participate in these activities and use the PLEX premises and facilities, I forever release CCJ, the PLEX, the Lessor, any affiliated organization, and their respective directors, officers, employees, volunteers, agent, contractors, and representatives (collectively "Releases") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND CCJ, the PLEX, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

If signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

PARTICIPANT

RELEASOR PARENT OR GUARDIAN

Signature

Signature

Address: _____

Address: _____

