



Atlanta Silverbacks Park/Atlanta Silverbacks Participation Waiver

Name of Participant: _____
Address: _____
City/State/Zip: _____
Phone No.: _____ Email Address: _____

Adult and Minor Participant Waiver/Release/Assumption of Risk/Agreement

In consideration of participating in any way in the athletics/sports programs, and /or participating in or attending related events or activities at Atlanta Silverbacks Park, during the period between **December 1, 2011-December 31, 2012** the undersigned:

1. Agrees that he or she, or the parent(s) or legal guardian(s) of the minor participant understand and/or will instruct the minor participant, that prior to participating he or she shall inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she shall immediately inform his or her coach or supervisor of such condition(s) and refuse to participate unless and until such condition(s) is cured or removed.
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and that severe social and economic loss may result not only from his or her own actions, inactions, or negligence but from the actions, inactions or negligence of others, as well as the rules of play, the condition of the premises or from any equipment used. Further that there may be other risks not known to the adult and/or minor participant including risks that may not be reasonably foreseeable.
3. Assumes all of the foregoing risks and accepts personal responsibility for any injury, disability or death, and any damages, whether social or economic.
4. Represents that I, or my child, am qualified, in good health and in proper physical condition to participate in activity(ies) at Atlanta Silverbacks Park, and hereby authorize any representative of Atlanta Silverbacks or Atlanta Silverbacks Park, or medical provider, to seek medical attention on my behalf, or on behalf of my child, to ensure my well being, or the well being of my child, without any legal liability whatsoever, inclusive of any responsibility for any negligent rescue or delayed operations.
5. Releases, waives, discharges and covenants not to sue Atlanta Silverbacks or Atlanta Silverbacks Park, its affiliated clubs, administrators, staff, members, directors, agents, coaches, and other employees of Atlanta Silverbacks or Atlanta Silverbacks Park, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors/lessees of the premises used to conduct the event or activity in which I, or the minor participant for whom I am responsible, participate (all of which are hereinafter referred to as "releasees"), from any and all liability to each of the undersigned, his or her heirs and the next of kin, for any and all claims, demands, losses or damages on account of any injury, including death or damage to property, caused or alleged to have been caused, in whole or in part, by the releasees or otherwise.
6. I hereby authorize Atlanta Silverbacks and Atlanta Silverbacks Park to utilize in any promotional materials any photograph taken of me, or my child, while participating in any activity at Atlanta Silverbacks Park.

I/WE HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND THAT I/WE GIVE UP CERTAIN RIGHTS BY VOLUNTARILY SIGNING IT AND I/WE NEVERTHELESS DO SO.

Printed Name of Parent, Guardian, or Adult Participant _____

Signature of Parent, Guardian, or Adult Participant _____

Date: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Birthdate: _____

3200 Atlanta Silverbacks Way ♦ Atlanta, GA 30340

Ph. (404) 969-4900 ♦ Fax. (770) 496-4297 ♦ www.atlantasilverbacks.com/park