



TRI-COUNTY SPORTS COMPLEX PARTICIPANT WAIVER

***** PLEASE READ BEFORE SIGNING *****

In consideration of being allowed to participate in any way as a Participant and/or Competitor in collaboration with Tri-County Sports Complex (TCSC) and other related events and activities...

I _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, also including viral infections, bacterial infections and other communicable diseases and illnesses, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in TCSC events and programs, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION; AND,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in TCSC events and programs. 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 next of kin, HEREBY RELEASE, IDEMNIFY, AND HOLD HARMLESS, Tri-County Sports Complex, their officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (Releases), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, VIRAL INFECTIONS, BACTERIAL INFECTIONS, AND OTHER COMMUNICABLE DISEASES AND ILLNESSES, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by the law.
5. Arbitration: In further consideration of allowing me to participate in the aforementioned activities, I hereby agree to submit to bind arbitration any and all claims, which I believe I may have against the facility arising from my activities at the facility. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings.

Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Further, the arbitration shall be held in the town where Tri-County Sports Complex is located, unless otherwise mutually agreed to by all the parties. The Submission to the American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

IN THE EVENT THE PERSON FOR WHOM THIS WAIVER IS BEING SIGNED IS A MINOR, THEN A LEGAL PARENT OR GUARDIAN MUST SIGN AND IN DOING SO, WILLINGLY ACCEPTS AND UNDERSTANDS THE AFOREMENTIONED RISKS AND BELIEVES THE MINOR TO BE IN GOOD HEALTH, AND WILL RELEASE & HOLD HARMLESS *Tri-County Sports Complex*.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT AN INDUCEMENT.

PARTICIPANT

PARENT / LEGAL GUARDIAN

PRINT NAME	PRINT NAME
SIGNATURE	SIGNATURE
BODY TEMP	DATE
EMERGENCY CONTACT	EMERGENCY PHONE