



5241 Judd Road  
Whitesboro, NY 13492

Tel: (315) 736-1583  
www.accelerate-sports.com

### Minor (under 18) Participant Form

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

League/Tournament: \_\_\_\_\_ Season/Date(s): \_\_\_\_\_

Team Name: \_\_\_\_\_ Division: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### PARTICIPATION AND INDEMNITY AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in any and all activities at the Accelerate Sports complex located at 5241 Judd Road, Whitesboro, New York, I, the parent/guardian of the above-named individual, understand and affirm relative to my child's participation in any activity at the Accelerate Sports complex that involves physical exercise or exertion that my child shall follow the advice of his/her personal physician, including any restrictions, recommendations or instructions which my child's personal physician has provided. I freely and voluntarily am allowing my child to participate in physical activity which involves physical exercise and/or exertion at the Accelerate Sports complex. I agree and warrant that if at any time I believe conditions to be unsafe, I immediately will have my child discontinue further participation in the activity at the Accelerate Sports complex. I am fully aware and understand that Accelerate Sports does not have on or about the complex, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

I, on behalf of myself, my family, beneficiaries, heirs, administrators and assigns, voluntarily release, discharge and promise not to sue, and covenant and agree to indemnify, protect, defend and hold harmless Accelerate Sports, its agents, representatives, employees, members, officers, directors, officials, successors and/or assigns from and against any and all damages, losses, charges, liabilities, obligations, penalties, claims, litigation, demands, defenses, judgments, suits, actions, proceedings, costs, disbursements, and/or expenses, including, without limitation, all reasonable attorneys' fees, which may now or in the future be undertaken, suffered, paid, awarded, assessed, imposed, asserted or otherwise incurred by Accelerate Sports, its agents, representatives, employees, members, officers, directors, officials, successors and/or assigns relating to, resulting from or arising out of my child's use of and/or participation at the Accelerate Sports complex located at 5241 Judd Road, Whitesboro, New York, including, but not limited to, any loss or liability to my child's person or property, or to that of any other person or property.

Photographs and/or video occasionally are taken of program and event participants at Accelerate Sports. These photographs may be used to promote future programs and events.

I HAVE READ THIS DOCUMENT. I FULLY UNDERSTAND THAT I AM ASSUMING ALL RISKS INHERENT WITH ANY AND ALL ACTIVITIES IN WHICH MY CHILD PARTICIPATES AT ACCELERATE SPORTS, WHETHER KNOWN OR UNKNOWN, AND THAT I AM RELEASING ALL CLAIMS THAT MAY ARISE. I VOLUNTARILY SIGN MY NAME EVIDENCING MY UNDERSTANDING AND ACCEPTANCE OF THE ABOVE PROVISIONS. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, I AGREE THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*REGISTRATION AND PARTICIPATION SUBJECT TO ACCELERATE SPORTS POLICIES AND PROCEDURES\*\*\***