



www.crownsportscenter.com
410-742-6000

Individual Player Waiver Form

Players Information

First Name: _____ Last Name: _____ Age: _____

DOB (mm/dd/yyyy): _____ Email Address: _____

Address: _____ City, State, Zip: _____

Mobile Telephone: _____ Home Telephone: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Medical Information: Please write any medical conditions and/or allergies you think we should know about:

Parent/ Guardian Information: (REQUIRED FOR ALL PARTICIPANTS UNDER THE AGE OF 18)

First Name: _____ Last Name: _____ DOB: _____

Consent and Liability Waiver – Release of all claims (MUST BE SIGNED BY PARTICIPATE)

I, _____ (parent/ guardian/self) am the parent or legal guardian of _____ (minor child). As lawful consideration for my self and my minor child being permitted to participate in the Crown Sports Center Indoor League, Program Camp, Clinic, or any other activity at or through the Crown Sports Center. I agree that neither myself or my minor child will make a claim against, sue, attach the property of or prosecute Crown Sports Center, and their agents, sponsors, building contractors, suppliers, and employees for damages for death, personal injury, or property damage in which myself or my minor child may sustain as a result of myself or my child's participation in these sporting activities. This release is intended to discharge in advance Crown Sports Center, and their agents, sponsors, building contractors, suppliers, and employees from and against any liability, including for negligent actions, arising out of or connected in any way with myself or my minor child's participation in the sports league, program, camp, clinic or any other activity. I ACKNOWLEDGE THE CONTAGIOUS NATURE OF ILLNESSES AND DISEASES NOT LIMITED TO COVID-19 AND VOLUNTARILY ASSUME THE RISK THAT MY CHILD(REN) AND I MAY BE EXPOSED TO OR INFECTED BY ATTENDING CROWN AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY OR DEATH. I UNDERSTAND THAT THE RISK OF BECOMING EXPOSED OR INFECTED BY THESE ILLNESSES AT CROWN MAY RESULT FROM THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF MYSELF AND OTHERS, INCLUDING, BUT NOT LIMITED TO, CROWN EMPLOYEES, VOLUNTEERS, PROGRAM PRATICIPATNS AND THEIR FAMILIES. I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES AND THAT PARTICPATNS IN SUCH SPORTING ACTIVITES OCCASIONALLY SUSTAIN SERIOUS PERESONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF, KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEARBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS CROWN SPORTS CENTER, AND THEIR AGENTS, SPONSERS, REPRESENTATIVES AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES. I attest that I am eighteen (18) years old or older and that myself and my child is physically fit and has no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of the league, camp, or clinic. I understand and agree that my child and I are responsible for the mechanical and/or operation condition of any and all sporting equipment provided by my child or by me for my child's use and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from Crown Sports Center, their agents, sponsors and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND CROWN SPORTS CENTER AND THEIR AGENTS, SPONSORS, REPRESENTATIVES AND EMPLOYEES. I HAVE SIGNED IT OF MY OWN FREE WILL.

I agree that Crown Sports Center, their agents, sponsors, and employees may use my child's photograph in future promotions.

Parent/ Guardian/ Player (if 18 or older) Signature: _____ Date: _____

Parent/ Guardian/ Player (if 18 or older Printed Name: _____

ALL PLAYERS MUST HAVE A SIGNED INDIVIDUAL WAIVER FORM ON FILE BEFORE PARTICIPATION.