



Plex Indoor Sports Individual Player Release and Waiver Form

No participant will be allowed to participate at Plex until signature is obtained and this form is received by Plex

www.PlexIndoorSports.com

803-360-7300

Release & Waiver of Liability, Assumption of Risk, and Indemnity and Parental Consent Agreement

In Consideration of being permitted to participate in any way in the Plex Indoor Sports, LLC's ("PLEX") complex I, for myself and for personal representatives, assigns, heirs, and next of kin:

- Acknowledge, agree, and represent that I understand the nature of the activities at PLEX's complex, and that I am qualified, in good health, and in proper physical condition to participate in such activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
- Fully understand that: (a) activities at the PLEX complex involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death (Risks); (b) these Risks and dangers may be caused by my own actions or inaction's the actions or inaction's of others participating in the activity, the condition in which the activity takes place, or the negligence of the "Releasees" named below: (c) there may be other risk and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all the responsibility for losses and costs, and damages I incur as a result of my participation or that of the minor in the activity.
- Hereby release, discharge, and covenant not to sue PLEX, and/or PLEX's respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owner and lessors of the premises on which the activities take place, each considered one of the "Releasees" herein **FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE** that if, despite this release and waiver of liability assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

MINOR RELEASE--

I, the Minor's parent or legal guardian, understand the nature of the activities at PLEX's complex and the minor's experience and capabilities and believe the minor to be qualified, in good health and in proper physical condition to participate in such activity, I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the Releasee's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operation and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the Releasees named above, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as a result of any such claim.

Participant Printed Name _____	Date: _____
Participant Signature _____ (parent signature if under 18)	

Participant Home Address: _____

Phone: _____

City: _____ State: _____

Zip Code: _____

Participant E-mail: _____

DOB: _____