10850 W. Laraway Road, Suite #1E, Frankfort, IL 60423 www.hallmarksportsclub1.com phone/fax 815.469.1844

Please Circle One: Chicago Magic Ultimate Volleyball Hallmark SportsClub

Player Registration & Liability Waiver

September 1, 2008 – August 31, 2009

Please Print

Name - **required**:_____ Birth date - **required**:_____

Address - **required**:_____ City, State, Zip - **required**:_____

Phone - **required** - Home: (____)_____ Work – optional (_____)_____

E-mail Address –**required** | | | | | | | | | | | | | | | | | | | | | | | | |

Team / Program Name - **required**_____

AMATEUR & ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Hallmark Sports Club athletic/sports programs and related activities, the undersigned:

A. Agree that prior to participating, they will inspect the facilities and equipment to be used and if they believe anything is unsafe, they will immediately advise their coach or the Manager-On-Duty of such condition and refuse to participate.
B. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability, death and severe social economic losses which might result not only from their own actions, inaction or negligence of others, the rules of the play or the condition of the premises or of any equipment used. Further, that there may be other risks not know to us.
C. Assume all the foregoing risks and accept personal responsibility for damages following such injury, permanent disability or death.
D. Release, waive, discharge and covenant not to sue Hallmark Sports Club , it's affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and leasers of the premises used to conduct an event, all of which are hereafter referred to as "releases" from demands, losses or damages on account of injury, including death or damage to property, causes or alleged to be caused in whole or in part by the negligence of Hallmark Sports Clubs.
E. Agree to carry personal health insurance in case of sports injury.
F. RELEASE Hallmark Sports Club AND EXPRESSLY ASSUME TO RISK OF INJURY AND DAMAGES; and will INDEMNIFY AND HOLD HARMLESS Hallmark Sports Club as to any claims for injury and damage.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE AND UNDERSTAND THEY HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT AND SIGN IT VOLUNTARY.

PLAYER'S SIGNATURE:_____ DATE:_____

PARENT/GUARDIAN (IF UNDER 18):_____