



Participating in: (if applicable)

Team Name (if applicable)

Participants Name: _____ Sex: M / F DOB: ____ / ____ / ____
Parent/Guardian Name (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____ E-mail: _____
Phone: (H) _____ (W) _____ (C) _____
Name of Emergency/Backup Contact: _____ Valid Cell Phone: _____

DISCLAIMER OF LIABILITY AND RELEASE OF CLAIMS & LIMITED POWER OF ATTORNEY

I understand there are risks involved in physical activity. I understand that my or my child's participation in this activity is purely voluntary and is done so with complete understanding of the risks involved. Risks involved may include, but are not limited to, muscle strain, loss of balance, and joint discomfort. I understand that MTA Sports Center, its agents, employees and sponsors are not responsible for any injury to me or my child or my property that is in any way related to me or my child's participation in any activity at the Center. I understand that if first aid is required, emergency treatment may be provided. I also consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of myself or my child by a physician, qualified nurse, and/or hospital, in the event of injury or illness. I hereby waive on behalf of myself, my spouse and my child, any liability of the MTA Sports Center, it's agents, employees and sponsors arising out of such medical treatment. I release Double B, LLC, aka: MTA Sports Center, their agents, employees, representatives and assigns from any claims, liability, demands or actions, or causes of action whatsoever for damage or injury to me or my child or my property whether negligent or otherwise arising from, or in any way connected to said activities. I agree not to make a claim or bring lawsuit against the releasees for injury or damage in any way related to any activities. I further agree to hold harmless the releasees against any and all losses, judgments, liabilities, damages and expenses of me or my child's participation in said activities.

INITIAL

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I agree that I or my child may be photographed, audio or videotaped by the MTA Sports Center. I agree that photographic image(s) and information that correspond with the photographic image(s) may be disseminated for any public release usage by the MTA Sports Center.

Check only if I do not agree to photo/media dissemination for any public release from MTA Sports Center.

INITIAL

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I accept financial and legal responsibility for property damage or lost equipment caused by me or my child.

I agree to abide by the Rules and Regulations of MTA Sports Center.

Unaccompanied minors must be picked up by closing time or State Troopers or Office of Child Services will be called to assume responsibility of minors. I understand that it is not the responsibility of the MTA Sports Center or its employees to remain at the facility with my minor after the facility has closed. State Troopers or Office of Child Services may or may not charge for the service of watching the minor. If MTA Sports Center staff remains after hours I realize I may be charged for this service. **Service charges begin at \$10 for every 15 minutes late.**

INITIAL

I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS. I ACKNOWLEDGE ON BEHALF OF PARTICIPANT THAT THEY UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS.

Signature of participant or guardian*
(*parent or guardian if participant is under age 18)

Date: _____

*Copy of photo ID required and must exhibit parent/guardian's signature if said parent/guardian is not in staff's presence at time of signing.