

Waiver Form/Youth Players Membership

Parent(s) Name: _____ Email: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

**PARTICIPATION AGREEMENT AND INDEMNIFICATION
TOTAL SPORTS COMPLEX
Rochester, New York**

My name is _____ and I reside at _____

I understand and hereby affirm relative to my participation in any activity at the Total Sports Complex (external and internal) that involves physical exercise or exertion that I am to follow the advice of my personal physician, including any restrictions, recommendations or instructions which my personal physician has provided. I am freely and voluntarily participating in physical activity which involves physical exercise and/or exertion at the Total Sports Complex (including the fitness center) located at 880 Elmgrove Road, Rochester, New York and/or 435 West Commercial St., East Rochester, NY.

I, on behalf of myself, my beneficiaries, heirs and assigns covenant and agree to indemnify, protect, defend and save harmless Elmgrove Ventures, LLC, Total Sports Experience, LLC, their agents, representatives, employees (former, current or future 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 Elmgrove Ventures, LLC, Total Sports Experience, LLC, their agents, representatives, employees (former, current or future employees), members, officers, directors, officials, successors and/or assigns relating to, resulting from or arising out of my use and/or participation at the Total Sports Complex (including the fitness center) located at 880 Elmgrove Road, Rochester, New York and/or 435 West Commercial St., East Rochester, NY, including but not limited to any loss or liability to my person or property, also including viral infections, bacterial infections and other communicable diseases and illnesses, or to that of any other person or property.

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

Office use only:
Date: _____
Driver's Lic verified: _____
Photo in Max _____
ME Ind. Record #: _____
Barcode: _____
Membership entry: _____
Employee Initials: _____

Parent's name (print)

Parent's Signature

Date