



Frozen Ropes Training Center - Katy

AGREEMENT AND RELEASE OF LIABILITY

Initials

<input type="text"/>	<p>1. In consideration of being allowed to participate in the activities and programs of Frozen Ropes Training Center Katy and to use its facilities, equipment and machinery in addition to payment of any fee or charge, I do hereby waive, release, and forever discharge Frozen Ropes Training Center Katy and its officers, agents, employees, representatives, executors, "Frozen Ropes" and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do hereby release all of those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of Frozen Ropes or others acting on its behalf in any way arising out of or connected with my participation in any activities of Frozen Ropes Training Center Katy or the use of any equipment at Frozen Ropes Training Center Katy.</p>
<input type="text"/>	<p>2. I understand that the activity of baseball and softball, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.</p>
<input type="text"/>	<p>3. I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as specifically set forth below. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.</p>

(Please print clearly and sign below)

Player's Name: _____ D.O.B. _____

Parent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature (Parent/Guardian if player under the age of 18)

Date