



Frozen Ropes at The Rock Sports Park

Frozen Rock, LLC, Frozen Ropes Orange County, LLC

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

1. In consideration of your participation in activities at the facilities, The Rock Sports Park (24 Old Black Meadow Rd, Chester, NY 10918), you understand and voluntarily accept this risk of injury and agree that the facilities, its officers (Frozen Rock LLC, Frozen Ropes Orange County LLC), directors, employees, volunteers, agents, and independent contractors will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, and any loss or theft of any personal property, any economic loss or any damage to you, your spouse, your minor children and any unborn child, your guests, or relatives resulting from the active or passive negligence of our facilities or anyone on the facility's behalf, or anyone using the facilities whether related to exercise or not. Your assumption of risk includes, without limitation, your use of any exercise equipment (mechanical or otherwise), the locker room, bathrooms, sidewalk, walkways, parking lot, stairs, turf fields, dugouts, lobby areas, pro-shop, batting cages, pitching lanes, spectator ledge(s), the Fitness Trail(s), and any equipment in the facility.
2. I understand that the activities performed, including the use of equipment, are potentially hazardous. 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.
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 it had been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and the use of exercise and training equipment so that I might have his/her recommendation concerning these fitness activities and equipment use. 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.
4. I agree that any and all photographs and/or videos taken of me or my child/children may be used for advertising or promotional materials.
5. I understand that facility policies are available on the websites as well as in its facility.

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.

Team Name	Event	Event Date
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Manager	Manager's Signature	Date
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Player Name	Parent/Guardian Signature	Date
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