



Consent to Participate, Waiver and Release

Date _____

Athlete Name _____
First Name Last Name Age / Birth date

School Grade Sports

Athlete Address City Zip Code Email

Home Phone Cell Phone Work Phone

I, _____ as the parent/legal guardian of the athlete agree to:
Print Name of Parent/Legal Guardian

In consideration of the use of the property, facilities and/or services of Paye's Place, ('Paye's' herein after means, Paye's Place, Paye's Club Basketball, Paye's Sports Performance and First Down Promotions, Inc. and their owners, officers, directors, managers, employees, coaches, agents, representatives and affiliates inclusive), which includes Paye's Place or any AUXILIARY ORGANIZATIONS (Auxiliaries) participating or sponsoring Recreational Sports Programs, including travel related thereto, the undersigned agrees as follows:

1. **RISK FACTORS:** The undersigned understands and acknowledges that participation in athletics carries an inherent risk of injury, even if the greatest care is exercised. Accordingly, athletes and guests may injure themselves while attending or using our facility and/or off-site locations while being instructed by PAYE'S. The use of equipment, facilities and services provided by the PAYE'S involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency or emergency medical care. **RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH.**
2. **ASSUMPTION OF RISK.** The undersigned ASSUMES ALL RISKS THAT ARISE OUT OF THE USE OF THE EQUIPMENT OR FACILITIES, THE ACTIVITY ITSELF, THE ACT OF OTHERS, OR THE UNAVAILABILITY OF EMERGENCY CARE, including but not limited to, those **RISK FACTORS** described in section 1 above.
3. **ACKNOWLEDGMENT OF POLICIES AND PROCEDURES.** The undersigned acknowledges reading and knowing all of the policies and procedures relating to the activities, facilities, and/or equipment and understands that the safe and proper use of the facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures.
4. **RELEASE.** The undersigned RELEASES the PAYE'S and agrees **NOT TO SUE** them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury, property damage or personal property loss or damage whether or not caused by the acts, omissions or other fault of the parties being released.
5. **WAIVER.** The undersigned waives the protection afforded by any statute or law in any jurisdiction including California Code 1542 whose purpose, substance, and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know of or suspect at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.

6. **INDEMNIFY AND DEFEND.** The undersigned agrees to **INDEMNIFY AND DEFEND** the PAYE'S (hereinafter referred to as "indemnitee") of each against, and hold them harmless from any or all claims, causes of action, damage judgments, costs or expenses, including attorney fees which in any way arise from the activity or this agreement which include but are not limited to damages to or destruction of any property of the indemnitee, of any others, injury or death of the undersigned or anyone else or any liability arising from the act or negligent act of the indemnitee, the undersigned or anyone else.
7. **PAY.** The undersigned agrees to pay for any or all damages to any property or indemnitee caused by the undersigned either negligently, willfully, or otherwise.
8. **REPRESENTATIVES.** The undersigned enters into this agreement for himself/herself, his/her heirs, assigns and legal representatives.
9. **EMERGENCY TREATMENT CONSENT.** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.
10. **INSURANCE.** The undersigned understands that the PAYE'S and its auxiliaries do not carry participant insurance. The undersigned is encouraged to have a physical examination and to purchase health insurance prior to any and all participation.
11. **ACKNOWLEDGMENT.** The undersigned has read and understands this agreement and realizes it relates to surrendering valuable legal rights and does so freely and voluntarily.

Signature of Athlete: _____ Date: _____
Signature of Parent/Legal Guardian if athlete is a minor.

CONSENT AND RELEASE ON BEHALF OF MINOR ATHLETE

I am the parent and/or legal guardian of the above-named minor. I have read and understand that this agreement involves surrendering valuable legal rights of named minor and me. I agree to be bound by all terms of this agreement. I give my consent for the participation of named minor in the activities of PAYE'S.

 Signature of Parent/Legal Guardian - Consent and Release on Behalf of the Minor Date: _____

EMERGENCY CONTACT INFORMATION:

NAME _____ PHONE _____

RELATIONSHIP TO ATHLETE: _____