



Give It Your All Sports

2127 Lakeland Avenue Suite 5, Ronkonkoma, NY 11779, 631-676-4412 www.giveityourallsports.com

REGISTRATION

Day(s) **M T W Th F** Date(s) _____ Morning / Afternoon Full Day / Half Day

Child's Name _____ DOB/Age _____

Child's Name _____ DOB/Age _____

Child's Name _____ DOB/Age _____

Parent's Name _____

Address _____ Town _____ Zip _____

Phone# _____ Cell # _____

Email Address _____

Allergies _____ Medical Conditions _____ Other _____

FOR OFFICE USE ONLY

Payment Date: _____
 Payment Amt.: \$ _____
 Payment Type: _____
 Notes: _____

Payment Date: _____
 Payment Amt.: \$ _____
 Payment Type: _____
 Notes: _____

Payment Date: _____
 Payment Amt.: \$ _____
 Payment Type: _____
 Notes: _____

FOR OFFICE USE ONLY

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

IN CONSIDERATION of being permitted to participate in any way in Give It Your All Sports ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin:

- 1) ACKNOWLEDGE, agree, and represent that I understand the nature of Give It Your All Sports and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- 2) FULLY UNDERSTAND THAT: (a) GIVE IT YOUR ALL SPORTS INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
- 3) HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE GIVE IT YOUR ALL SPORTS, AND ITS AFFILIATES, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim. 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.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF GIVE IT YOUR ALL SPORTS, AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

***MEDICAL ATTENTION:** I hereby give my consent to Give It Your All Sports to provide through the medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my (child's) participation.

Signature of Parent/Guardian: _____ Date: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

**FOR
OFFICE
USE ONLY**

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Family Password:

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____

Payment Date: _____
Payment Amt.: \$ _____
Payment Type: _____
Notes: _____