Official Youth Team Waiver, Release Liability & Roster

Adirondack Sports Complex
326 Sherman Ave.
Queensbury, NY 12804
518-743-1086, 518-743-1247 fax
www.adirondacksportscomplex.com

rev. 11/03/09

I, by my signature below, as parent or legal guardian of a player, acknowledge, agree, and understand that:

1. Voluntarily and of my own free will, I elect my child to participate as a member of a team and league playing at the Adirondack Sports Complex or as a participant in a sports camp or clinic.
2. I understand that there are certain risks and hazards involved in participating in sports that may result in injury to my child or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that the very nature of the game is hazardous and risky, including, but not limited to, the acts of throwing, kicking and catching of the ball, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury to my child and to other players.

Further, I, by my signature below, as a parent or legal guardian of a player, agree that in consideration for the right to play as a member of the team and in consideration for permission to play on the fields arranged for by the team or league:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by child
   a. While practicing or playing as a member of the team or as a participant in a sports camp or clinic.
   b. While serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team; and
   c. While on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the team and league designated, the field owners or other entity designated, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league or field for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by my child from whatever cause.
3. I understand the food and drink policy of the Adirondack Sports Complex is for the safety of participants and to maintain the cleanliness of the facility and agree not to cause any food or drink (except for water is plastic containers) from being brought into the Dome or onto the playing fields.

PLEASE CHECK ONE: ☐ **Baseball** ☐ **Field Hockey** ☐ **Flag Football** ☐ **Lacrosse** ☐ **Soccer** ☐ **Softball** ☐ **Other:** _____ **SESSION:** _____

TEAM NAME: _____ **ADULT / YOUTH** (circle one) **AGE GROUP / DIVISON:** _____ **SEX:** ☐ **Male** ☐ **Female**

COACH / MANAGER: _____ **PHONE #:** _____ **CELL:** _____

	First Name	Last Name	Address	City	ST	DOB	Home Phone	Emergency Phone	Email	Signature (must be parent or guardian if under age 18)
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