SPORT ZONE Roster & Waiver Form 2004-2005

100 Hill Avenue, Aurora, IL 60504 fax: 630-820-8638

Please read and fill out completely. Signatures are required. Prior to the start of the first scheduled game completed form should be submitted to the manager of The SPORT ZONE..
No one will be permitted to play until this form is complete and received by The SPORT ZONE.
In Consideration of the mutual promises and agreements of the undersigned, or undersigned's child, and their heirs, executors and administrators, does hereby waive and release any and all injuries or damages suffered by himself, herself, or their child before, during, or after any activities sponsored or involving *The SPORT ZONE* or its agents.
The undersigned acknowledges that the activities engaged in by the undersigned or their minor child, have certain risks. Not withstanding these assumed risks the undersigned agrees to permit the Minor or undersigned to engage in said activities at their sole risk and expense. *The SPORT ZONE* and its agents shall not be liable for any resulting injuries or negligence of *The SPORT ZONE*. The undersigned further agrees to reimburse The SPORT ZONE, for any and all cost of litigation and attorney's fees of *The SPORT ZONE in* the event of a claim against *The SPORT ZONE* or its agents.

TEAM NAME: _____ SPORT: _____ DIVISION: _____ AGE GROUP: _____
CONTACT PERSON: _____ **PHONE:** _____ **FAX:** _____

PLAYER'S NAME	ADDRESS/CITY/ZIP	PARENT'S SIGNATURE	PHONE