

McLaughlin Athletic Center (MAC) Entry Form /

Liability Waiver

First Name: _____ Last Name: _____

Player Birthdate: (00/00/0000): _____

Street Address: _____

PO Box: _____ City: _____ State: _____ Zip: _____

Insurance Company: _____

Hospital Preference: _____

Phone Contact: _____ Email: _____

CURRENT GRADE (Circle One): 3rd 4th 5th 6th 7th 8th 9th 10th 11th

Gender: Boy Girl **Sport:** Basketball Volleyball

SHIRT SIZE : YS YM YL AS AM AL OTHER: Not for team leagues unless purchased

In consideration of my son/daughter identified above being permitted to enroll and participate in all or any of the activities at the McLaughlin Athletic Center (MAC), I as the legal custodial parent/guardian of said child, hereby agree to release, discharge, and waive any & all actual, potential, present, or future claims or causes of action of any kind and description for property damage or personal injury of any kind which my child identified or my property may incur as a result of or in connection with or any way connected with my child's participation as aforesaid, including, without limitation, any actual, present, potential, or future claim or cause of action against the MAC, its officers and directors, any members, coaches, fellow players, organizers, sponsors, supervisors, Vancrest its officers and directors, K & S Tumblefit, its instructors and employees, the Village of Antwerp, its officers and representatives, and any and all other persons or entities, in any way connected with or involved with the aforementioned activities or entities, or any ownership or use of land, facilities, and/or buildings utilized in the activities. I also understand that my son/daughter may participate in activities of the MAC which may involve transportation to and from, as well as use of, land, facilities, buildings, and hereby agree to release, discharge, and waive any and all actual, potential, present, or future claims or causes of action of any kind and description for property damage or personal injury of any kind which my child identified above or my property may incur as a result of or in connection with or in any way connected with my child's participation as aforesaid, including, without limitation, any actual, present, potential, or future claim or cause of action.

I further agree, on behalf of my child and myself, to assume any and all risks and hazard incidental or in any way connected with the conduct of the activities of the MAC, including transportation to/from any or all activities. I further acknowledge and understand that this agreement is intended to be as broad and inclusive as the laws of the State of Ohio permit, and that without my execution of this agreement; my child as identified would not be permitted to participate in the activities aforementioned. I also declare that I am the legal custodian, parent, or guardian of the child identified above, and have the legal authority to enroll him/her in the activities of the MAC, and to execute this agreement on his/her behalf and on my behalf.

In the event of injury or illness to the above named child and a parent/guardian is not present, I further hereby give any member of the MAC league directors, organizer, or any coaches or officials of my child's membership or team a limited Power of Attorney to consent to necessary emergency treatment for such child.

Signature of Custodial Parent/Legal Guardian: _____

Printed Name of Custodial Parent/Legal Guardian: _____

Date: _____