



## Adult Participation Form

In consideration of the agreement with Action Kids Athletics LLC, to **accept myself** (herein know as Participant) as a participant in Action Kids Athletics LLC. (hereby known as Action Kids Athletics LLC) activities, I hereby state that I acknowledge, appreciate and agrees that:

1. The risk of injury involved in these programs can be significant, including for potential for paralysis and death, while particular rules, equipment, and personal discipline may reduce the risk of injury does exist; and,
2. I willingly agree to as the Participant will comply with the stated and customary terms and conditions for participation and if I observe any unusual significant concern in the Participant's readiness for participation at or in the program itself, I will remove cease participation and bring such to the attention of the nearest official immediately; and,

The undersigned voluntarily assumes the risk of such injury to Participant, his or her heirs, executors, successors and assigns from any liability, actions, claims and causes of action whatsoever on account of or in any way related to the participation or Participant in Action Kids Athletics LLC activities and does hereby indemnify Action Kids Athletics LLC and their representatives for any medical expenses or other damages resulting from any such accidental injury to Participant while attending at or for Action Kids Athletics LLC.

Further, I hereby give consent to the coaches and staff of **Action Kids Athletics LLC Inc.** to administer emergency CPR and First Aid by certified personnel and to obtain medical care from any licensed physician, hospital, or clinic for the below mentioned for any injury that may arise.

**This agreement and waiver having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Please Print Legibly

Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone \_\_\_\_\_

(Please list at least one number)

This form must be fully completed