

## Waiver and Release of Claim Form

For and in consideration for any participation or use of facilities, property or equipment of Buffalo Bumper Ball LLC (herein after BBB), I hereby release, waive, discharge and assume any and all risks and liabilities associated with my participation, use or association with BBB and release and waive any and all rights and claims that I, my heirs, executors, successors or assigns, may now, or in the future, have against BBB.

This agreement applies to 1) personal injury (including death) from accidents or illnesses arising directly or indirectly from participation in activities directed, suggested, or planned by BBB including, but not limited to, organized activities, classes, instruction, observation, related activities in non-supervised setting, and use of facilities property or equipment; and to 2) any and all claims resulting from the damage to, loss of or theft of property.

I further agree to indemnify or hold harmless and defend the SSP, its agents, employees, directors, officers and affiliates, from any claims resulting from the injuries, damages, illnesses and losses sustained by me or caused by me arising out of the association, connection with or in any way with my participation in any fitness and conditioning activities conducted at BBB.

I further state that I am in proper physical and mental condition to participate in BBB related activities. Injuries may result in the participation in BBB or its related activities, such as but not limited to broken bones, torn ligaments, pulled muscles, bruises, etc. I am willing and voluntarily assume all risks in my use of the facilities and all equipment related to or owned by BBB and this general release of any liability expressly executed and delivered by me to BBB for the express purpose of enabling me to be permitted access and use of all facilities.

**BBB PARTICIPANT INFORMATION:** (Please fill out both sides of this form)

Last Name		First Name		Middle Initial	
Street Address		City	State	Zip	
Home Phone	Work Phone	Gender	D.O.B.	Age	
Email Address: _____					

I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to signify a complete assumption of the inherent risks in any way associated with my participation, use, or association with BBB.

Signature	Date
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I agree to the terms of this waiver and release of claim on behalf of the minor identified above and attest that I am at least eighteen (18) years of age and am responsible for this minor.

Last Name		First Name		Middle Initial	
Last Name		First Name		Middle Initial	

Buffalo Bumper Ball LLC

Participant's Name:

Mother's Name:

Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Medical Conditions / Allergies:

\_\_\_\_\_  
\_\_\_\_\_

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

(1st Contact)

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

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

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_

(2nd Contact)

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

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

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_

IN THE EVENT OF MY ABSENCE, I HEREBY GRANT BUFFALO BUMPER BALL AND ITS REPRESENTATIVES THE PERMISSION TO DECIDE FOR AND / OR SIGN FOR PRESENTATIVE AND / OR EMERGENCY MEDICAL TREATMENT OF MY CHILD.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date