

Philly Sport Center LLC

Assumption of Risk and Release of Liability Form

Participant Name: _____
Participant/Parent/Guardian Address: _____
Name of Program: _____ Date(s) of Program: _____
Location of Program: Philly Sport Center, 576 Penns Park Road, Building #19, Wrightstown PA 18917

READ CAREFULLY BEFORE SIGNING

ASSUMPTION OF RISK

I voluntarily agree to assume all risks involved in participating in the program that I have indicated above (the "Program") at Philly Sport Center ("PSC"), including risks that may be associated with any travel in connection with my participation in the Program. I understand that participation in the Program exposes me to risk of injuries including but not limited to temporary or permanent muscle soreness, tendonitis, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of arms and/or legs, eye damage, gastrointestinal issues, disfigurement or even death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur because of my participation in the Program that cannot be specifically listed. I acknowledge that I am responsible for making sure that my health is adequate to participate in the strenuous, vigorous physical activity involved in the Program. It is my responsibility to check with a physician of my choice about my health status if I have any questions regarding my fitness for participation. I understand that if, at any time during my participation, I experience any distress or have any questions regarding my participation, I should consult my own physician.

INSURANCE

I acknowledge that PSC does not carry insurance to cover any medical expenses for participants in recreational athletic activities, including the Programs listed above. I acknowledge that as a participant in the Program I must provide my own health insurance coverage and am responsible for all medical bills incurred as a result of any injury sustained in this Program. I understand it is my responsibility to verify that my insurance policy covers all injuries or illness that may occur due to participation in all aspects of the Program, including travel, practice, and games.

RELEASE OF LIABILITY

In consideration for PSC providing me the opportunity to participate in the Program, I voluntarily remise, release and forever discharge PSC, its affiliated entities, its successors, assigns, trustees, officers, employees and agents from any and all personal injuries, damages, losses, claims, causes of action, or lawsuits of any kind (a "Loss") whatsoever arising out of or in any way relating to my participation in the Program, including, without limitation, a Loss resulting in whole or in part from the negligence of PSC or its affiliated entities, trustees, officers, agents or employees. Further, I hereby agree not to sue or make claims against the releasees and forfeit my right to do so.

PHOTO RELEASE

I grant permission for me/my child to be photographed and/or recorded on audio tape, video tape or film, while participating in the Program, for promotional purposes of PSC and/or Philly Hockey Club.
If I decline to grant permission, I agree to notify PSC in writing at info@phillysportcenter.com of this decision.

By signing below, I am also consenting to first-aid, emergency medical care and, if necessary, admission to an accredited hospital or an emergency care center if necessary for the provision of such care, for treatment of injuries that I may sustain while participating in the Program.

By signing this release, I hereby certify that I am 18 years of age or older and that I have read and fully understand the conditions herein provided.

Participant Name (print) _____
Signature: _____ DATE _____
(If you are under 18 years of age, the signature of a Parent or Guardian is required)
Name and Relation of person signing for a minor participant _____
Print Emergency Contact Name: _____
Emergency Contact Phone Number _____