

**MEDICAL / LIABILITY WAIVER:**

I hereby give consent for my child to participate in The Sports Factory, practice sessions, and/or the use of The Sports Factory's facilities for the purpose of training and/or practice, leagues, and tournaments. I assume all risks with regard to participation in the programs and or other activities including rental of the facility for the purpose of practice and/or training, which my child will participate. I release, indemnify and agree to hold harmless The Sports Factory, its directors, officers, coaches, trainers, and volunteers from any liability that may result from participation and or the use of the facilities at The Sports Factory. By my signature, I attest to the following: That the following information is correct, and in the event of a medical emergency, I authorize The Sports Factory and staff to seek emergency medical care for my child as deemed necessary.

Printed Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

**Signature of Participant or Parent/Guardian if under 18 years of age**

\_\_\_\_\_ **Date:** \_\_\_\_\_

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