

WAIVER AND RELEASE

I _____ have read the ASSUMPTION OF RISK IN THE LITTLE ROCK KICKBALL ASSOCIATION and understand its contents. I acknowledge the risk of injury that may result from participation in the Little Rock Kickball Association and am willing to and hereby do voluntarily assume all risks of harm associated with my participation.

I certify that to the best of my knowledge, I am physically fit and able to participate in the Little Rock Kickball Association, that I am in good health, and that I am unaware of any medical condition which might make my participation inadvisable. (initials) X _____

I am aware that participating in the Little Rock Kickball Association may expose me to a risk of injury, minor or serious, including those listed above in ASSUMPTION OF RISK IN THE LITTLE ROCK KICKBALL ASSOCIATION. I accept and assume all risks, known or unknown, listed or unlisted, that may result from my voluntary participation in the Little Rock Kickball Association or in activities related to such sports, regardless of the cause of the injury. (initials) X _____

In consideration of the Little Rock Kickball Association permitting me to participate in its league, I knowingly and intentionally give up any legal right that I, my heirs, or legal representatives have or may have against the Little Rock Kickball Association, its officers, agents, employees, or insurers, from any action, claim, or demand that I, my heirs, or my legal representatives have or may have for any and all personal injuries I may suffer or sustain, regardless of cause or fault, as a result of my voluntary participation in the Little Rock Kickball Association and/or in other activities related thereto. (initials) X _____

I knowingly intend my signature on this Agreement to be a complete defense to any legal proceeding that may be brought by anyone on their own or on my behalf for any injury I may suffer or sustain as a result of voluntarily participating in the Little Rock Kickball Association or in activities related thereto, and further intend this Agreement to be a complete and total release of liability for all negligent acts, failures to act, or breaches of duty owed to me, which result in my personal injury or death as a result of my voluntary participation in the Little Rock Kickball Association. (initials) X _____

I certify that I am 18 years of age or older, that I am legally competent and capable of executing this Agreement on my own behalf, that I have read the foregoing and have made a conscious decision to sign it of my own free will.

Signed _____ Team Name _____ Date _____