



KITS SPORTSCENTER INDIVIDUAL WAIVER FOR ALL MEN'S LEAGUES

By signing this waiver below as an adult participant, I certify that myself has permission to participate in athletic activities at Kits Sports Center. I understand that and acknowledge that I may suffer serious injury including but not limited to sprains, fractures, brain damage, paralysis or even death by participating. I fully understand that neither Kits nor its agents or employees, nor the owners of the facility take any responsibilities for the injuries sustained within the facility or the area surrounding the facility. I hereby agree to release, indemnify and hold harmless Kits Sports center, its officers, directors, agents and employees from and against all claims, suits, loss liability or damages to myself or my property arising from, because of, or in connection with participation in activities at Kits Sports Center.

TEAM NAME: _____ LEAGUE: _____

PLAYERS NAME _____

PHONE NUMBER: _____

BIRTHDATE: _____ JERSEY NUMBER: _____

SIGNATURE: _____

COPY OF DRIVERS LICENSE OR ID CARD
