GENESEE FIELDHOUSE TEAM WAIVER/ROSTER FORM

AGREEMENT: I the parent/legal guardian/participant understand that enrolling for a GENESEE FIELDHOUSE league/camp/clinic/practice time are enrolling at his/her/my own risk. GENESEE FIELDHOUSE, its owners, employees, agents, contractors shall not be liable for any damage whatsoever involving personal injury or property that is lost, stolen, or damaged by participant and his/her/my family in or about any programs in the facility. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I do or does hereby fully release and forever release, discharge and hold harmless GENESEE FIELDHOUSE, all its owners, employees, agents, contractors from any and all claims, demands, damages, rights of action, present or future resulting or arising out of any person's participation in any programs or use of the facility. Inaddition, he/she/I agree(s) to follow the rules of play and conduct set by GENESEE FIELDHOUSE. He/she/I understand that failure to follow set rules may result ins suspension from participation.

CONSENT: I, the parent of/ guardian of/ participant hereby verify that are in good health and assume the health responsibility for the participant and do hereby grant authority to the staff of GENESEE FIELDHOUSE to render judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I hereby authorize GENESEE FIELDHOUSE and its assigns to utilize any and all photographs, pictures or other likeness of me as they deem appropriate in its promotional materials.

TEAM:_____ SESSION:_____ FORMAT:_____

1. **PLAYERS NAME:**_____
   ADDRESS:_____
   CITY:_____ **ZIP:**_____
   PHONE:_____ **DOB:**_____
   EMAIL:_____
   SIGNATURE:_____

2. **PLAYERS NAME:**_____
   ADDRESS:_____
   CITY:_____ **ZIP:**_____
   PHONE:_____ **DOB:**_____
   EMAIL:_____
   SIGNATURE:_____

3. **PLAYERS NAME:**_____
   ADDRESS:_____
   CITY:_____ **ZIP:**_____
   PHONE:_____ **DOB:**_____
   EMAIL:_____
   SIGNATURE:_____

4. **PLAYERS NAME:**_____
   ADDRESS:_____
   CITY:_____ **ZIP:**_____
   PHONE:_____ **DOB:**_____
   EMAIL:_____
   SIGNATURE:_____

5. **PLAYERS NAME:**_____
   ADDRESS:_____
   CITY:_____ **ZIP:**_____
   PHONE:_____ **DOB:**_____
   EMAIL:_____
   SIGNATURE:_____

6. **PLAYERS NAME:**_____
   ADDRESS:_____
   CITY:_____ **ZIP:**_____
   PHONE:_____ **DOB:**_____
   EMAIL:_____
   SIGNATURE:_____

7. **PLAYERS NAME:**_____
   ADDRESS:_____
   CITY:_____ **ZIP:**_____
   PHONE:_____ **DOB:**_____
   EMAIL:_____
   SIGNATURE:_____

8. **PLAYERS NAME:**_____
   ADDRESS:_____
   CITY:_____ **ZIP:**_____
   PHONE:_____ **DOB:**_____
   EMAIL:_____
   SIGNATURE:_____

9. **PLAYERS NAME:**_____
   ADDRESS:_____
   CITY:_____ **ZIP:**_____
   PHONE:_____ **DOB:**_____
   EMAIL:_____
   SIGNATURE:_____

10. **PLAYERS NAME:**_____
    ADDRESS:_____
    CITY:_____ **ZIP:**_____
    PHONE:_____ **DOB:**_____
    EMAIL:_____
    SIGNATURE:_____

11. **PLAYERS NAME:**_____
    ADDRESS:_____
    CITY:_____ **ZIP:**_____
    PHONE:_____ **DOB:**_____
    EMAIL:_____
    SIGNATURE:_____

12. **PLAYERS NAME:**_____
    ADDRESS:_____
    CITY:_____ **ZIP:**_____
    PHONE:_____ **DOB:**_____
    EMAIL:_____
    SIGNATURE:_____

13. **PLAYERS NAME:**_____
    ADDRESS:_____
    CITY:_____ **ZIP:**_____
    PHONE:_____ **DOB:**_____
    EMAIL:_____
    SIGNATURE:_____

14. **PLAYERS NAME:**_____
    ADDRESS:_____
    CITY:_____ **ZIP:**_____
    PHONE:_____ **DOB:**_____
    EMAIL:_____
    SIGNATURE:_____