

# THE SPORTS ZONE ATHLETIC COMPLEX LLC.

## Annual Membership Application

Adult and Minor Participant Waiver/Release/Assumption of Risk/Agreement

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start Date of Annual Membership: \_\_\_\_\_ Expires \_\_\_\_\_

In consideration of participating in anyway in the athletic/sports programs, and/or participating in or attending related events or activities, at The Sports Zone Athletic Complex LLC. During the period between May 1, 2007 - December 31, 2010 The undersigned:

- 1) Agrees that he or she, or the parent(s) or legal guardian(s) of the minor participant understand and/or will instruct the minor participant, that prior to participating he or she shall inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she shall immediately inform his or her coach or supervisor of such condition(s) and refuse to participate unless and until such condition(s) is cured or removed.
- 2) Acknowledges and fully understands that each participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and that severe social and economic loss may result not only from negligence of others, as well as the rules of play, the condition of the premises or from any equipment used. Further there may be other risks not known to the adult and/or minor participant including risks that may not be reasonably foreseeable.
- 3) Assumes all of the foregoing risks and accepts personal responsibility for any injury, disability or death, and any damages, whether social or economic.
- 4) Represents that I, or my child, am qualified, in good health and in proper physical condition to participate in activity (is) at The Sports Zone Athletic Complex LLC. And hereby authorize any representative of The Sports Zone Athletic Complex LLC or medical provider, to seek medical attention on my behalf, or on the behalf of my child, to ensure my well being, or the well being of my child, without any legal liability whatsoever, inclusive of any responsibility for any negligent rescue or delayed operations.
- 5) Releases, waives, and discharges covenants no to sue The Sports Zone Athletic Complex LLC, it's affiliated clubs, administrators, members, directors, agents, coaches and other employees of The Sports Zone Athletic Complex LLC, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors/lessees of the premises used to conduct the event or activity in which I, or the minor participant for whom I am responsible, participate (all of which are hereinafter are referred to as "releasees"), from any and all liability to each of the undersigned, his or her heirs and the next of kin, for any and all claims, demands, losses or damages on account of any injury, including death or damage to property, caused or alleged to have been caused, in whole or in part, by the releasees or otherwise.
- 6) I hereby authorize The Sports Zone Athletic Complex LLC. To utilize in any promotional materials and photograph taken of me, or my child, while participating in any activity at The Sports Zone Athletic Complex LLC.

I/WE HAVE READ THE ABOVE AGREEMENT AND UNDERSTANT THAT I/WE GIVE UP CERTAIN RIGHTS BY VOLUNTARILY SIGNING IN AND I/WE NEVERTHELESS DO SO.

**Printed Name of Parent, Guardian, or Adult Participant:** \_\_\_\_\_

**Signature of Parent, Guardian, or Adult Participant:** \_\_\_\_\_

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

The Sports Zone Athletic Complex LLC.  
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Phone 321-633-9969  
Fax 321-633-9929

Email: [thesportzoneathletic@cfl.rr.com](mailto:thesportzoneathletic@cfl.rr.com)

To Participate in any event at The Sports Zone, you must have a membership  
Individual Membership \$45.00  
Family Membership \$75.00

Membership also includes free use of workout equipment, wireless internet and 5 free open gyms