



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I hereby assume all of the risks participating in 514 Skillz Factory programs,camps,clinics,leagues,tournaments, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of possible liability without fault. I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in 514 Skillz Factory. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of 514 Skillz Factory in which I may participate and that it will govern my actions and responsibilities at said 514 Skillz Factory .

In consideration of my application and permitting me to participate in 514 Skillz Factory, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from 514 Skillz Factory. THE FOLLOWING ENTITIES OR PERSONS: ALL associated with 514 Skillz Factory programs, and/or their coaches, agents, representatives, or volunteers.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in 514 Skillz Factory, whether caused by negligence or otherwise. I acknowledge that 514 Skillz Factory programs may carry with it the potential for death, serious injury, and personal loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, and lack of hydration. I consent and agree that 514 Skillz Factory and/or their coaches, agents, representatives or volunteers may take photographs or digital recordings of me as a participant during this event and use these in any and all media for training or promotional purposes. I further consent that my identity may be revealed therein or by description text or commentary. I waive any rights, claims or interest and I understand that there will be no financial or other remuneration. The accident waiver, release of liability and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.

Print Participant's Name and Age
Signature (if under 18 years Parent or Guardian must sign) Date
Medicare #. _____
Participants Name _____
Signature _____