



**SHARP
PERFORMANCE**

Sharp Performance
131 S. Santa Fe
Salina, Ks 67401
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Phone: (785) 404-1544

Waiver/Release

I hereby agree to participate and/or engage in the programs offered Sharp Performance hereafter referred to as SP upon the understanding and agreement that:

1. I am aware of the risks of illness or injury inherent in any sport and exercise, program or attendance of such event. These injury risks include, but are not limited to: being hit by balls, bats, flags, lightning, stepping or tripping in holes or other indentations of the facilities surface; injury from insects, animals, birds or snakes; pulled muscles or other sprains, strains, dislocations, separations, broken or fractured bones, heart attack, stroke, cardiac complications, cerebral or spinal injuries. I am participating in the SP's programs upon the express understanding that I hereby indemnify, waive and release SP, **its employees, agents, officers, Directors, Successors and Assigns from any and all claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs** (hereafter referred to as the "claims") arising out of my participation or attendance in the programs(s) or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless SP from and against any and all such claims.

2. The coaches and employees of SP are not held responsible or liable for injuries or illness incurred while participating in any activity or event held by SP.

3. Acknowledging the desirability of a physical examination before participation, I represent to SP that I am physically capable of participation in the program of my choice without injury. I warrant and represent to you that I have no disability, impairment or ailment preventing me from engaging or participating in activity that will be detrimental or injurious to my health, safety, or physical condition if I do so engage or participate.

4. I agree to a photo and testimonial release; meaning my picture may be taken and used for marketing purpose of SP and their partners.

5. I assume full responsibility for myself and anyone who participates in an SP event or activity under this waiver, including any children/dependents, or any guests, and shall indemnify **management, its affiliates, agents and employees against any and all liability incurred by them toward such. I understand and agree that any person or party to my waiver** will also be a party to this waiver/release. I hereby execute and deliver this waiver and release so that I or my listed participants may participate in the programs offered by SP.

6. I authorize the use of medical personal, and also the use of EMS to transport to local hospital to administer treatment to any injury or illness incurred while participating in or at an SP event or activity.

_____ I the participant agree to the above terms of the **Waiver/Release**. Either for my personal self, child, dependent or party listed below.

IF The PARTICIPANT IS 18 OR OLDER

IF PARTICIPANT IS LESS THAN 18 YEARS OF AGE:

Printed Full Name

Printed Full Name of Participant

Signature

Date

Printed Full Name of Parent/Guardian

Signature

Date

Emergency phone and email contact for facility updates/alerts

***Required**

*Email _____

*Emergency Contact 1. _____ Phone _____

*Emergency Contact 2. _____ Phone _____