Spirit Extreme Waiver
2026-2027 Season

Participant: _____ Birthdate: _____

Program Name: _____ Team Name: _____

This agreement is made by and between ***Spirit Extreme*** ("Event Producer") along with the ***venue*** its employees, directors, servants and agents, hereinafter collectively referred to as "Management" and, the ***participant*** noted above, hereinafter referred to as "Participant".

Participant hereby agrees on behalf of Participant and Participant's family, spouse, estate heirs, executors, administrators, assigns, personal representative and any minor over whom Participant has custody or control or serves as a guardian to release the Event Producer and Management from any liability for personal injury, sickness, and/or property damage and to hold harmless and indemnify the Event Producer and Management for claims of any kind made against the Event Producer and Management for bodily injury, sickness, and/or property damage suffered by Participant while attending or as a result of attending any event.

By signing below, I waive all rights to bring a suit or claim against Management, show vendors and/or their directors, officers, employees, representatives and agents for any reason.

Treatment Authorization

In the event of an emergency, I give my permission for medical treatment to be administered to my son/daughter name above when neither parent/guardian can be reached. I acknowledge that the above-named participant must have his/her own medical/accident insurance. I understand that all athletic events have the risk of physical injury and the participant assumes the risk of such injury by participating. I further agree not to hold Spirit Extreme, the host organizations or any of their employees, vendors or volunteers liable for any and all injuries that may occur while participating in the above-named event.

Publicity Release

I, hereby, grant permission to Spirit Extreme, and its successors and assigns, the unrestricted right to use the above named participants picture or image in any advertising and/or literature, website or events coordinated by them.

I certify that all information contained in the above form to be true and by signing this document agree that all participant eligibility, event rules and regulations have and will be followed. I understand that if challenged, proof of my child's age must be provided.

Parent/Guardian Name: _____

Emergency Contact Name: _____

Participant Medications/Conditions/Allergies: _____

Medical Insurance Company Name and Policy Number: _____

Participant has no Insurance (I agree to pay all medical expenses): (Initial here) _____

I fully understand and agree to the above terms.

Signature of Parent/Guardian (or Participant, if 18 or older): _____