

HYPER ATHLETIC LEAGUE

PLAYER WAIVER AND RELEASE OF LIABILITY

Participant Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

In consideration of being allowed to participate in the Hyper Athletic League, the undersigned acknowledges, appreciates, and agrees to the following:

1. Assumption of Risk:

I understand that participating in sports and athletic activities involves inherent risks, including but not limited physical contact, slips, falls, collisions, sprains, fractures, concussions, or other injuries. I voluntarily assume all risks associated with my participation in the League.

2. Release of Liability:

I, for myself, my heirs, assigns, personal representatives, and next of kin, hereby release, waive, discharge, and hold harmless the Hyper Athletic League, its organizers, officials, sponsors, and partners from any and all claims, demands, liabilities, or expenses arising out of or related to my participation in the League, including injury, illness, death, or property damage.

3. Medical Treatment Consent:

I consent to receive medical treatment deemed necessary if I am injured or become ill during League activities. I acknowledge that I am responsible for any medical or other costs arising from such treatment.

4. Code of Conduct:

I agree to abide by the rules and regulations of the Hyper Athletic League and understand that inappropriate behavior, unsportsmanlike conduct, or violation of League policies may result in my disqualification or removal from the League without refund.

5. Media Release:

I grant the Hyper Athletic League permission to use photographs, videos, or other media featuring my likeness for promotional, advertising, or other business purposes.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Signature: _____ Date: _____

Parent/Guardian Signature if under 18: _____ Date: _____