

Ohio Sports Park Official Roster/Waiver

Team: _____ Sport: _____ Day: _____
League: _____ Session: _____

Amateur Athletic Waiver and Release of Liability – Please Read Carefully Before Signing

In consideration for being allowed to participate in any way in the Ohio Sports Park Athletic/ Sports Program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist: and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation: and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation. I will remove myself from participation and bring such to the attention of the nearest official immediately: and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS OHIO SPORTS PARK, OUR LEASOR, THE CITY OF NORTH RIDGEVILLE, their officers, officials, agents and/ or employees, other participants sponsoring agencies, sponsors and advertisers, and if applicable, owners and lessees or premises used to conduct event (“releases”). With respect to any and all injury, disability, death, or loss or damage to persons or property. Weather arising from the negligence of the releases or otherwise, to the fullest extent permitted by law: and
5. I have read this release of liability and assumption of risk agreement, fully understand it’s terms, understand that I have given up substantial rights by signing it, and sign freely and voluntarily without and inducement.

TEAM MANAGER: _____ ADDRESS: _____

CITY: _____ ZIP: _____ EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

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1. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

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2. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

+++++

3. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

+++++

4. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

5. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

+++++

6. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

+++++

7. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

+++++

8. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

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9. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

+++++

10. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

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11. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

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12. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

13. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

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14. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

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15. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

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16. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

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17. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

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18. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

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19. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

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20. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

