

Showdown Sports LLC

LIABILITY WAIVER AND PHOTO RELEASE

This waiver applies to any events operated by Showdown Sports LLC

In consideration of being allowed to participate, the undersigned participant, or if the participant is a minor child, by his or her parent or legal guardian, hereby,

- Agrees that prior to participating, if present, I will inspect the facilities and equipment. If I believe anything to be unsafe, I will immediately advise my coach or supervisor of such conditions.
- Acknowledges and fully understands that I am voluntarily participating in activities that involve known and unknown risks of injury, including catastrophic injury, permanent disability and/or death, which might result not only from my own actions, inactions, or negligence, but the actions, inactions, or negligence of others, including but not limited to the rules of play, the conditions of the premises, or any of the equipment used.
- Assumes all the foregoing risks as a condition of participation and accepts personal responsibility for the damages following any such injury.
- Consents to Showdown Sports LLC to transport me or my child for activities relating to this event, including over state lines.
- Unconditionally releases, waives, indemnifies and holds harmless and consents not to sue Showdown Sports LLC, administrators, agents, coaches, other employees, independent contractors, and volunteers of the event, sponsoring agencies, sponsors, or advertisers for any and all liability to the undersigned, his or her heirs, assigns, personal representative and next of kin. This is for any claims or losses on account of participating in any and all of the event's official or unofficial activities, events, or competitions, including injury, death, or damage to person or property.
- Accepts responsibility for all medical expenses incurred whether or not covered by insurance. In case of emergency, accident or illness authorizes ambulance transport to the hospital. Authorizes physicians, athletic trainers, technicians, first aid personnel, nurses and dentists to perform any diagnostic, treatment or operative procedures and x-rays. No guarantee has been given as to the results of examination or treatment. Accepts total responsibility for any and all medical costs.
- Accepts responsibility for the decision to continue participation if suffering from injuries.
- Consents to use by Showdown Sports LLC, Sponsors, their agents and licensees, of any or all my pictures, voice or likeness, with or without my name ("Image"), in whole, in part or with others, without restriction as to changes or alterations. This permission allows Images to be used, copied and published worldwide through any means of communication, including television, radio, or film coverage for any lawful purpose and is irrevocable and without right of inspection. The undersigned acknowledges that participation in the activities is consideration for this consent.
- Agrees to receive e-mail communications from Showdown Sports LLC about future events and programs until voluntarily choosing to unsubscribe.

I have read and agree to the terms of the Showdown Sports LLC Waiver and Photo Release.

Participant Name _____ Participant Date of Birth _____ / _____ / _____

Parent/Guardian Name (for Minors) _____

Address _____ City _____ State _____ Zip _____

Email Address: _____

Participant/Parent/Guardian Signature _____ Date ____ / ____ / _____