



Personal Information

Print Name (Last, First) _____

Gender (circle one) **Male** **Female** **(mm/dd/yyyy)** _____

Contact Number _____

E-Mail Address _____

Address Street _____

City & State _____ **Zip Code** _____

Emergency Information

Emergency Contact Name _____ **Relationship** _____

Contact Number/s _____

Credit Card # _____ **Exp Date** _____

By signing this form, I agree to the General Terms and Conditions and Waiver of Liability listed below.

In consideration of being allowed to Participate in one or more Activities and be allowed to use the Facility, I, participant and parent (if participant is under 18), acknowledge and agree as follows:

When used herein, "PLEX" means and refers to Plex I, LP and all of its partners (general and limited), officers, managers, employees, staff, independent contractors, sponsors, vendors, suppliers, agents and representatives, as well as their insurers, members, and all of their successors and assigns. "Facility" shall mean and refer to any and all locations, operated, leased, controlled or occupied by PLEX, including the facility, parking lot, fields and other areas surrounding the locations of PLEX. "Participate" or "Participation" shall mean and refer to any and all types of participation in any Activity including but not limited to participation as a competitor, patient, client, spectator, observer, coach, assistant, referee, visitor or other guest of the Facility.

"I," "you," or "Participant" shall mean and refer to you, the person(s) signing this Waiver, Release of Liability and Assumption of the Risk, and also refers to, and is binding upon Participant's parents, guardians, heirs, executors, guests, spouse, next of kin, and members of your family. "Activity" or "Activities" shall mean and refer to any activity occurring at the Facility or involving the sponsorship or participation of PLEX, including but not limited to any and all games, events, tournaments, practices, programs, sessions, work-outs, therapy, training, meetings, gatherings, consultations, and other events. Participant consent to interviews, photography, audio recording, video recording and its/their release, publication, exhibition, or reproduction to be used for news, web casts, promotional purposes, advertising, inclusion on websites, social media, or any other purpose by PLEX and its affiliates and representatives.

"Risk of Injury" shall mean and refer to all possibilities of injury which may result or arise from Participation in any Activity. Without limiting the foregoing, such risks include being hit or struck by balls, bats, or other flying objects; straining, tearing or bruising muscles, tendons, joints and other body parts; breaking bones; aggravating prior or existing conditions; slipping, tripping or falling which may be caused by any number of conditions including the presence of sweat or other bodily fluids; injury caused by contact with other participants, aggressive play, or personal weakness or infirmity; and stroke, heart attack, heat stroke, dehydration and other physical and mental conditions which may arise or result from Participation.

Client Signature _____ **Date** _____

Parent Signature _____ **Date** _____