

PARTICIPANT LAST NAME: _____ FIRST NAME: _____



ECS ID CLINIC FORM

WAIVER/RELEASE OF LIABILITY AND REGISTRATION FORM

Release of Liability

In participating at the **Danbury Sports Dome** and **EliteCollegeSports.com** (collectively “DSD/ECS”) ID Clinic (“Event”), participant, parents, and/or guardians (“Participants”) understands that she is voluntarily attending the Event and by participating and using the facilities does so at her own risk. DSD/ECS and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant in or about any programs on the premises. Participants assume full responsibility for all injuries and damages which occur in or about the premises. Participants does hereby fully and forever hold harmless DSD/ECS, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person’s participation in any programs or use of the facility. In addition, Participants agree to follow the rules of conduct and play set by DSD/ECS. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian do hereby grant authority to the staff at DSD/LU to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize DSD/LU to utilize photographs, pictures or other likeness of me taken while participating at the Event on DSD/ECS websites provided that my name is not associated with any picture or used without my expressed written consent.

I have read this agreement, fully understand its terms and have signed it freely and without inducement. Shall any portion of this agreement be held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Signature of participant (Parent or guardian if under 18 years of age)

Printed Name _____