



Gwinnett County Kickers, LLC

**2016 Summer Participant Registration Form
And
Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement**

Player Full Name: _____ Gender: (Circle) Male Female

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Method of Payment: [] Cash [] Credit Card Visa / MC / Discover

Uniforms for GCK Summer will include 1-T-shirt with Player Name & Number and 1-pair of Socks

T-shirt Size: Adult: Small Medium Large X-Large XX-Large XXX-Large

Player Name: _____ Player Number: 1st Choice _____ 2nd Choice _____

For Office Use Only

Amount/Method of Payment: (Circle) Full Payment or Partial Payment

Full Payment of \$100 Date Received: _____

Partial payment \$50 1st \$50 Date Received: _____ 2nd-Final \$50 Date Received: _____

\$25.00 late fee will be assessed for players signing up after the cutoff date for Summer

THERE WILL BE NO REFUNDS GIVEN AT ANYTIME FOR ANY REASON

WAIVER AND REALEASE OF LIABILITY

READ BEFORE SIGNING

As lawful consideration of being allowed to participate in any way in Gwinnet County Kickers, LLC kickball athletic sports program, related activities and any other outings and events, I hereby acknowledge, agree, and assume any and all risk associated with my participation in thereof. I fully release and discharge Gwinnett County Kickers, LLC and its agents from any and all claims for injuries, damages or losses, including negligence, sustained during any and all activities associated with the activities of Gwinnett County Kickers, LLC.

I acknowledge, agree and represent that I am at least 21 years of age and that I understand the nature of kickball, and the Risks involved by participating including but not limited to injury, disability and or death. I acknowledge that I am qualified in good health and in proper physical condition and do not suffer from any medical conditions or diseases that might in any way hinder or prevent me from fully participating in kickball or other associated activities, or make me more susceptible to injury or harm while participating. I further agree that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.

I willingly agree to comply with Gwinnett County Kickers, LLC stated rules, terms and conditions for participation and release Gwinnet County Kickers, LLC their officers, owners and lessors of premises, officials, agents, other participants, sponsors, and advertisers ("Releasees") with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I further agree that if, despite this release and waiver or liability, assumption of risk and indemnity agreement, I or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liabilities, damage or cost which may incur as a result of such claim.

Additionally, I fully authorize Gwinnett County Kickers, LLC its subsidiaries and affiliated to use my name, likeness or image for purposes of advertising marketing, promotion or trade without further compensation, except where prohibited by law; and I further acknowledge and agree that any images or recordings obtained or procured by Gwinnet County Kickers, LLC shall be the sole and exclusive property of Gwinnett County Kickers, LLC and may be published, broadcast or otherwise disseminated at the sole and exclusive discretion of Gwinnett County Kickers, LLC.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Name: _____ **Date:** _____

Signature: _____