

WAIVER AND RELEASE

I _____ have read the ASSUMPTION OF RISK IN THE NORTHWEST ARKANSAS KICKBALL ASSOCIATION and understand its contents. I acknowledge the risk of injury that may result from participation in the Northwest Arkansas Kickball Association and am willing to and hereby do voluntarily assume all risks of harm associated with my participation. I certify that to the best of my knowledge, I am physically fit and able to participate in the Northwest Arkansas Kickball Association, that I am in good health, and that I am unaware of any medical condition which might make my participation inadvisable. (Initials) X _____

I am aware that participating in the Northwest Arkansas Kickball Association may expose me to a risk of injury, minor or serious, including those listed above in ASSUMPTION OF RISK IN THE NORTHWEST ARKANSAS KICKBALL ASSOCIATION. I accept and assume all risks, known or unknown, listed or unlisted, that may result from my voluntary participation in the Northwest Arkansas Kickball Association or in activities related to such sports, regardless of the cause of the injury. (Initials) X _____

In consideration of the Northwest Arkansas Kickball Association permitting me to participate in its league, I knowingly and intentionally give up any legal right that I, my heirs, or legal representatives have or may have against the Northwest Arkansas Kickball Association, its officers, agents, employees, or insurers, from any action, claim, or demand that I, my heirs, or my legal representatives have or may have for any and all personal injuries I may suffer or sustain, regardless of cause or fault, as a result of my voluntary participation in the Northwest Arkansas Kickball Association and/or in other activities related thereto. (Initials) X _____

I knowingly intend my signature on this Agreement to be a complete defense to any legal proceeding that may be brought by anyone on their own or on my behalf for any injury I may suffer or sustain as a result of voluntarily participating in the Northwest Arkansas Kickball Association or in activities related thereto, and further intend this Agreement to be a complete and total release of liability for all negligent acts, failures to act, or breaches of duty owed to me, which result in my personal injury or death as a result of my voluntary participation in the Northwest Arkansas Kickball. (Initials) X _____

I certify that I am 18 years of age or older, that I am legally competent and capable of executing this Agreement on my own behalf, that I have read the foregoing and have made a conscious decision to sign it of my own free will.

Your Name: _____

Email: _____

Your Team(s): _____

Today's Date: _____

D.O.B. (01/23/2009): _____