

**ORLANDO SPORTS CENTER
FACILITY WAIVER FORM
6700 Kingspointe Parkway
Orlando, Florida 32819
Phone: 407.226.0188
Fax: 407.226.0189**

Name: _____ Age: _____

Birthdate: _____ School: _____

Parent's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

Event/Activity Attending: _____

RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT:

I, the undersigned, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate in the Event listed above.
2. I understand that there are certain risks and hazards involved in participating in the Event(s) which may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and/or other participants.
3. I understand that the very nature of the Event/Activity is hazardous and risky. Further, I, the undersigned player, agree that in consideration for the right to play as a member of my team or as an individual, and in consideration for permission to play on the fields or courts arranged for the team or league acknowledge and accept the following:
 - a. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me: (1) while playing or practicing as a member of the team so designated; (2) while serving in a non-playing capacity as a team member during play or practice by other teams or by other players on team, and (3) while on or upon the premises of any and all of the fields or courts arranged for by my team or league for play or practice.
 - b. I release, discharge and agree not to sue Orlando Sports Center ("OSC"), Orlando Volleyball Academy ("OVA"), Jay Laxmi Enterprises, LLC, the court owners, or their officers, associations, employees or any person or entity connected with the team, league, or field/courts for any claims, damages, suits, losses, liabilities, fines, penalties and expenses (including reasonable attorneys' fees) which I may have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract, or wrongful conduct of the parties hereby released.

SIGNATURE OF PLAYER: _____

NAME OF PLAYER (PRINT): _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

(If Player is under 18 years of age)