



# Youth Players Membership Form

Name (last, first): \_\_\_\_\_  
Office Use only

Parent's Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## PARTICIPATION AGREEMENT AND INDEMNIFICATION TOTAL SPORTS COMPLEX Rochester, New York

My name (parent if under the age of 18) is \_\_\_\_\_ and I reside at \_\_\_\_\_.

I understand and hereby affirm relative to my and/or my child's participation in any activity at the Total Sports Complex (external and internal) that involves physical exercise or exertion that I am to follow the advice of my personal physician, including any restrictions, recommendations or instructions which my personal physician has provided. I am freely and voluntarily participating in physical activity which involves physical exercise and/or exertion at the Total Sports Complex (including the fitness center) located at 880 Elmgrove Road, Rochester, New York and/or 435 West Commercial St., East Rochester, NY.

I, on behalf of myself, my beneficiaries, heirs and assigns covenant and agree to indemnify, protect, defend and save harmless Total Sports Experience, LLC, their agents, representatives, employees (former, current or future employees), members, officers, directors, officials, successors and/or assigns from and against any and all damages, losses, charges, liabilities, obligations, penalties, claims, litigation, demands, defenses, judgments, suits, actions, proceedings, costs, disbursements, and/or expenses, including, without limitation, all reasonable attorneys' fees, which may now or in the future be undertaken, suffered, paid, awarded, assessed, imposed, asserted or otherwise incurred by Total Sports Experience, LLC, their agents, representatives, employees (former, current or future employees), members, officers, directors, officials, successors and/or assigns relating to, resulting from or arising out of my use and/or participation at the Total Sports Complex (including the fitness center) located at 880 Elmgrove Road, Rochester, New York and/or 435 West Commercial St., East Rochester, NY, including but not limited to any loss or liability to my person or property, or to that of any other person or property.

Photographs and/or video are occasionally taken of program and event participants at Total Sports Experience. These photographs may be used to promote future programs and events.

Office use only:  
Date: \_\_\_\_\_  
Photo in Max: \_\_\_\_\_  
ME Ind. Record #: \_\_\_\_\_  
Barcode: \_\_\_\_\_  
Membership entry: \_\_\_\_\_  
Employee Initials: \_\_\_\_\_  
Renewal \_\_\_\_\_  
  
Play Memb. or Ind. Waiver

Print name (parent if under the age of 18) \_\_\_\_\_

Sign name (parent if under the age of 18) \_\_\_\_\_

\_\_\_\_\_ Date