

PLAYER'S MEMBERSHIP / WAIVER FORM

Adult Player or Parent / Guardian Name:Adult Player or Parent / Guardian Name:		DOB:
		DOB:
Address:	City:	Zip:
Primary Phone:	Secondary Phone:	
Email Address:		
Child's Name:		DOB:
INDI	PARTICIPATION AGREEMENT A EMNIFICATIONTOTAL SPORTS CO Rochester, New York	
My name is		and I reside at
I, on behalf of myself, my beneficiarie harmless Elmgrove Ventures, LLC, T current or future employees), member and all damages, losses, charges, liabis suits, actions, proceedings, costs, disb attorneys' fees, which may now or in otherwise incurred by Elmgrove Venture employees (former, current or future of relating to, resulting from or arising of fitness center) located at 880 Elmgrov NY, including but not limited to any linfections and other communicable displacements.	es, heirs and assigns covenant and agree Total Sports Experience, LLC, their agent rs, officers, directors, officials, successor ilities, obligations, penalties, claims, litigoursements, and/or expenses, including, with the future be undertaken, suffered, paid, tures, LLC, Total Sports Experience, LLC employees), members, officers, directors out of my use and/or participation at the Tove Road, Rochester, New York and/or 43 loss or liability to my person or property, iseases and illnesses, or to that of any otherally taken of program and event participation.	to indemnify, protect, defend and save ts, representatives, employees (former, rs and/or assigns from and against any gation, demands, defenses, judgments, without limitation, all reasonable awarded, assessed, imposed, asserted or C, their agents, representatives, s, officials, successors and/or assigns Total Sports Complex (including the 35 West Commercial St., East Rochester, r, also including viral infections, bacterial her person or property.
Player or Parent / Guardian (Print)	 Player or Parent / Guardian	Signature Date