



Waiver and Release

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The Battle Balls Bubble Soccer Assumption of Risk and Warning of Risk Waiver and Release of Claims

("Assumption & Release") Please sign to indicate your agreement to each of the following:

1. I understand that participating in a Battle Balls Bubble Soccer Activity is a potentially hazardous activity.
2. I agree not to participate unless I am medically and physically able, which I am solely responsible to determine.
3. I agree to abide by any decision of an official relative to my ability to safely complete the activity, which decision is at the sole discretion of the activity official and I agree that lack of a decision does not create any liability whatsoever.
4. I assume all risks associated with competing in the Battle Balls Bubble Soccer activity, including, but not limited to, slips, falls, contact with other participants, negligent or wanton acts of other participants, any defects or condition of premises, or color zones, the effects of the weather including high heat, cold temperatures, storms and/or humidity. All such risks being known, assumed and appreciated by me.
5. I agree that Peak Healthcare Advisors, LLC dba Battle Balls is not responsible for any personal items or property that are lost, stolen, stained or damaged at or during the event.
6. I consent to emergency medical care and transportation in order to obtain treatment in the event of injury to me as medical professionals may deem appropriate. This Assumption and Release extends to any liability arising out of, or in any way connected with, the medical treatment and transportation provided in the event of an emergency.
7. I understand and agree that pets are not permitted to accompany me in the activity, and children under the age of 18 are not permitted to participate or accompany me in the activity unless a parent or guardian signs a waiver on their behalf.
8. I grant permission to Peak Healthcare Advisors, LLC its affiliates and sponsors to use any photographs, motion pictures, recordings or any other record of this event for any purpose including, but not limited to, promoting, advertising and marketing purposes. Any and all photographs, motion pictures, recordings or other records of the event are the sole property of Peak Healthcare Advisors, LLC
9. I understand that all entries are final with no refunds.
10. The official activity directors reserve the right in any event of emergency or local or national disaster to cancel the activity and in the event of cancellation or change there is no refund of entry fees.
11. Participants are expected to exhibit appropriate behavior at all times, including obeying all laws. This includes respect for all people, equipment and facilities and cooperative, positive participation. Peak Healthcare Advisors, LLC may dismiss, without refund, anyone whose behavior endangers safety or negatively affects a league, a person, a facility or property of any type or kind.
12. I agree to indemnify Peak Healthcare Advisors, LLC., its affiliates and assigns, from any and all third party claims caused in whole or in part by my actions.
13. I assume risk of wild animals and insects that may be present on the field. All Participants Waiver & Release of all claims and assumption of risk I recognize and acknowledge that there are certain risks of physical injury to participants in the Battle Ball Bubble Soccer League/Activity, and I voluntarily and knowingly agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or which may accrue to me) as a result of participating in these activities against Peak Healthcare Advisors, LLC. including its owners, managers, officers and employees, the officials, agents, volunteers, sponsors, and the owners and operators of the venue (hereinafter collectively referred to as "Administrators"). Participants registering for the league, programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. I agree that I am solely responsible for determining if I am physically fit and/or skilled for the activities contemplated by this Assumption

and Release. It is always advisable, especially if the participant is pregnant or disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. I, for myself and my heirs, do hereby fully release and forever discharge the Administrators from any and all claims for injuries, including death or incapacity, illnesses, damages, expenses or loss that I may suffer arising out of, connected with, or in any way associated with the race, program or activities including injuries caused or associated with transportation to and from the event. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. When registering online, my online signature shall substitute for and have the same legal effect as an original form signature.

PARTICIPATION WILL BE DENIED, if I have not signed this waiver before the start of the event/activity.

Player Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Signature: _____

Date: _____

Would you like to hear about future Leagues and Bubble Soccer Events?

Email Address: _____