



**The CNY Family Sports Centre**  
7201 Jones Rd, Syracuse, NY 13209

phone (315) 638-8866 fax (315) 638-2882

[www.CNYFSC.com](http://www.CNYFSC.com)

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY  
AND PARENTAL CONSENT AGREEMENT  
("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in the Central New York Family Sports Centre's ACTIVITIES\* I, for myself for personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of The Central New York Family Sports Centre's Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND THAT: (a) THE CENTRAL NEW YORK FAMILY SPORTS CENTRE'S ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or the NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE THE CENTRAL NEW YORK FAMILY SPORTS CENTRE, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

\*ACTIVITIES ARE INCLUDING BUT NOT LIMITED TO: Soccer, Lacrosse, Flag Football, Field Hockey, Softball, Baseball or any other related activity. Partaking in each of these in the form of a league, camp, clinic or other event offered at the Facility.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. THIS SHALL REMAIN IN EFFECT FOR THE ENTIRETY OF TIME THAT I PARTICIPATE IN THESE ACTIVITIES AT THE FACILITY.

Printed Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) (City) (State) (Zip)

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Participant's Signature (only if age 18 or over):

\_\_\_\_\_

Date: \_\_\_\_\_



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#### **MINOR RELEASE**

AND I, THE MINOR'S PARENT AND/OR GUARDIAN, UNDERSTAND THE NATURE OF THE CENTRAL NEW YORK FAMILY SPORTS CENTRE'S ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM. THIS SHALL REMAIN IN EFFECT THROUGH THE DURATION OF THE MINOR'S YOUTH UP TO 18 YEARS OF AGE.

#### **MEDICAL RELEASE**

BY SIGNING THIS RELEASE, I AUTHORIZE THE STAFF OF THE CENTRAL NEW YORK FAMILY SPORTS CENTRE TO RELEASE MY CHILD INTO THE CARE OF EMERGENCY SERVICES PERSONNEL IN THE EVENT MY CHILD IS INJURED WHILE PARTICIPATING IN AN ACTIVITY AT THE CNYFSC.

Printed Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) (City) (State) (Zip)

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):

\_\_\_\_\_

Date: \_\_\_\_\_