

Synergy Fields Release/Liability and Athlete info Form

In recognition of and with knowledge of the fact that engaging in any form of physical activity involves a substantial risk of personal injury, I, the undersigned, warrant that _______ is presently in good physical condition and hereby agree to assume the risk of an injury that may result from the participation of activities at Synergy Fields.

Therefore, in consideration for being permitted to participate in such an event, I hereby release, waive and forever discharge Synergy Fields, their agents, employees and officers, from any and every claim, demand or act of whatever kind, arising from any bodily harm, personal injury or death resulting from any accident which may occur as a result of participation in such an event. Further, and to the same extent and scope, I release said parties from any claim whatsoever which may be attributable to the receipt of first aid or other emergency treatment rendered me in connection with my participation in such an event.

I, the undersigned, affirmatively swear that I am the parent or legal guardian of the participant and am fully competent to and do hereby execute this release and waiver on behalf of that individual, heirs or assigns. I further represent and warrant that I have read and fully understand the terms of this document and their legal significance.

In witness whereof I have voluntarily and without inducement from any party executed this release and waiver. I grant Synergy Fields the irrevocable right and permission, throughout the world, in connection with the photographs that were taken and provided to Synergy Fields: the right to use and reuse, in any manner at all, said photographs or video, modified or altered, either by themselves or in conjunction, in any medium or form of distribution, for any purposes whatsoever without limitation, all promotional and advertising uses or other trade purposes, in connection with my name. I release all claims and actions arising with my connection to Synergy Fields without any violations to my privacy or libel. This release shall inure to the benefit of the assigns, licensees and legal representatives, and owners of Synergy Fields.

Athlete Name:			
Age:			
Email:			
Address	City	St	Zip
Phone:			
School			
Sport D.	O.B		
Parent Signature if under 18			