



ATTITUDE | MINDSET | POWER

**AMP ATHLETICS
(AMP, LLC)
WAIVER FORM 2016 –2017
197 Kinetic Drive
Huntington, WV 25701
(304)– 523-4267**

www.ampathleticswv.com

Office Use Only:

Date: _____

Event: _____

In Consideration of being allowed to enter the gym and play areas and/or participate in any parties or programs at **AMP LLC**, the undersigned, on his or her own behalf and on behalf of the minor(s) identified below, acknowledges, appreciates and agrees:

I willingly agree to comply with the stated and customary terms, rules and conditions for participation in all activities at **AMP LLC**. In addition, if I observe any hazard during my participation, I will bring it to the attention of the nearest official/staff immediately; and I understand that the risk of injury can be significant, including the potential for paralysis and even death, and while particular rules, equipment and personal discipline reduce the risk, the risk does ultimately exist; and I knowingly and freely assume all risks both known and unknown, even if arising from the negligence of other participants.

I assume full responsibility for all participants listed below. I further agree to assume liability for all medical costs, attorney fees, and all other damages resulting from injury to myself and the undersigned participants; and I, for myself and on behalf of my heirs, assigns, personal representatives and the next of kin, hereby hold harmless **AMP LLC**, their officers, agents, employees, other participants, and sponsoring agencies or property to the fullest extent of the law.

I acknowledge that AMP LLC is not responsible for lost or stolen items. AMP LLC encourages individuals to leave all valuables at home or leave them at the front desk with a staff member.

By signing below for my children, and/or spouse and myself, I agree to the above conditions for my family. I also further agree to pay for all damages to the gym and play areas caused, in whole or in part, by my family and/or my family's negligent, reckless or willful actions.

I HAVE READ THIS WAIVER FORM AND UNDERSTAND THE RISK OF PARTICIPATING ON ALL AMP ATHLETICS EQUIPMENT. I FURTHER UNDERSTAND THAT BY SIGNING THIS WAIVER I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Anyone participating and playing on the equipment, must be listed below or on an additional page. Thank You!

Child's Name: _____

Child's Name: _____

Parent: _____

Parent: _____

Address: _____ City: _____ St/Zip: _____

Email Address: _____

Signature of Parent/Legal Guardian: _____

Print Name: _____

Cell Number: _____