



**Adult Waiver/Release**  
**\*READ BEFORE SIGNING\***

In consideration of being allowed to participate in any **Xtreme Flag Football Inc., d.b.a. Detroit Sports Club** athletic sports program, related event and activity, the undersigned acknowledges, appreciates, and agrees that:

1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2) I KNOWINGLY AND **FREELY** ASSUME ALL SUCH RISKS, both known and unknown, **EVEN IF** ARISING FROM THE **NEGLIGENCE** OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS Xtreme Flag Football Inc., d.b.a. Detroit Sports Club**, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event "**Xtreme Flag Football Inc., d.b.a. Detroit Sports Club**", **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

**By signing this document the Participant agrees and understands the risks and injuries involved including, but not limited to, broken bones, collision wounds, torn ligaments, head trauma, paralysis, and even death while participating in the sport of KICKBALL.**

**Further, in the event of an injury, I do hereby give me permission and consent to authorize such first aid and/or hospital care or treatment as deemed appropriate. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event.**

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**Team Name:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

**Participant's Signature:** \_\_\_\_\_

**(Parent's Signature Required If Under 18 Years of Age)**

**Today's Date:** \_\_\_\_\_