

In The Zone Sports Training Waiver

In Consideration of being allowed to enter the gym/shooting cages at In The Zone Sports Training (ITZ) of Katy, Texas the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

I represent that I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any instructional training, team practices or birthday/team parties at In The Zone Sports Training (ITZ). In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest ITZ employee or official immediately;

I am aware that there are inherent risks associated with participation at ITZ training, practices and birthday/team parties, and/or use of the shooting cages and machines and I on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants; and,

I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, In The Zone Sports Training of Katy, Texas, their affiliates, officers, members, agents, employees, instructors, coaches, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all ITZ training, practices, camps/clinics, leagues, birthday/team parties, the use of the gym, shooting cages/machines and/or equipment.

Participant Name

Participant Date of Birth

Participant Name

Participant Date of Birth

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Address

City, State ZIP

Emergency Contact Phone #

Email (optional)