

HYPER ACTION LEAGUE INC.

PLAYER WAIVER AND RELEASE OF LIABILITY

Participant Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

In consideration of being allowed to participate in the Hyper Action League Inc., the undersigned acknowledges,

appreciates, and agrees to the following:

1. Assumption of Risk:

I understand that participating in sports and athletic activities involves inherent risks, including but not limited to

physical contact, slips, falls, collisions, sprains, fractures, concussions, or other injuries. I voluntarily assume all risks

associated with my participation in the League.

2. Release of Liability:

I, for myself, my heirs, assigns, personal representatives, and next of kin, hereby release, waive, discharge, and

hold harmless the Hyper Action League Inc., its organizers, officials, sponsors, and partners from any and all claims,

demands, liabilities, or expenses arising out of or related to my participation in the League, including injury, illness,

death, or property damage.

3. Medical Treatment Consent:

I consent to receive medical treatment deemed necessary if I am injured or become ill during League activities. I

acknowledge that I am responsible for any medical or other costs arising from such treatment.

4. Code of Conduct:

I agree to abide by the rules and regulations of the Hyper Action League Inc. and understand that inappropriate

behavior, unsportsmanlike conduct, or violation of League policies may result in my disqualification or removal from

the League without refund.

5. Media Release:

I grant the Hyper Action League Inc. permission to use photographs, videos, or other media featuring my likeness for

promotional, advertising, or other business purposes.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND

ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Signature: _____ Date: _____

Parent/Guardian Signature if under 18: _____ Date: _____