

Route 66 Sports Waiver

Agreement of Release and Waiver of Liability

Youth Futsal Camp Youth Basketball Camp Adult Basketball Camp _____

PRINT LEGIBLY

Last Name: _____ First Name: _____ D.O.B: _____

Street Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Cell Phone #: _____ Work or Home Phone #: _____

- I am, or will be participating in either Futsal, basketball or other Summer Camp Programs. These classes entail intensive physical activity and exertion on a futsal or other surfaces. I recognize that such physical activity and exertion may be difficult and strenuous and may cause or aggravate a physical injury or medical condition. I am fully aware of and accept the risks and hazards involved.
- I understand that it is my responsibility to consult with a physician prior to and regarding participating in Futsal, basketball or fitness classes or workshops and to receive prior approval to participate. I represent and warrant that I am physically fit and have no medical condition or injury which would prevent my full participation in the yoga classes or workshops.
- In consideration of being permitted to participate in Futsal, basketball or fitness training programs, I agree to assume full responsibility for any risks, conditions, injuries, or damages, known or unknown which I might incur or aggravate as a result of my participating in same. This will include falls, slips and possibly being pushed on the futsal surface! Those that are participating in Futsal or basketball programs, please keep in mind that futsal, basketball is played on a hard surface, and injuries may occur if an individual's are not wearing the proper shoes.
- The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;
- 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 all full responsibility for my participation; 4. 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
- In further consideration of being permitted to participate in Futsal or workshops, I knowingly, voluntarily, and expressly waive any claim I may have or acquire against ABQ Futsal, Saenz Productions, Route 66 Sports or Kingcat LLC for any injury, condition or damages that I may sustain as a result of entering or being on the premises or participating in the Futsal or workshops.
- I, my heirs or legal representatives, forever release, waive, discharge, and covenant not to sue ABQ Futsal, Saenz Productions and or any entities of the corporation(Saenz Productions) for any injury, condition or death, which arises, is caused by, or is aggravated by reason of my participation in the programs.
- I understand that it is my continuing responsibility to inform the instructor(s) and staff at ABQ Futsal of any previous medical conditions, injuries, or surgeries, prior to my first class and at such other times as I acquire information as to same.

SUMMER CAMPS

- All Summer Camps are closed practices. Only participants. No family members allowed due to safe COVID-19 Safe Practice guideline.
- For a Child participating in any of our programs a **Participant Member ID Badge** must be purchased at an annual cost of \$ ____ for athletes that are 14 years and Younger. \$xx between the ages of 15-18 years old If lost or stolen you will need to purchase a replacement badge at a cost of \$ ____.
- Child must swipe their ID Badge each time they enter the facility. Once the child is in the facility, the ID Badge must be hooked on to their backpack.
- During all Futsal or Basketball Summer Camps, all coaches and trainers are responsible for the supervision of their players.
- Any athlete that is sick are not permitted in the gym. Especially fever, chills, body aches coughing etc. There will be a form to sign each time you enter the gym.
- REQUIRED TEMPERATURE CHECKS WILL BE CONDUCTED USING A NO-TOUCH INFRARED THERMOMETER PRIOR TO ENTRY. Please allow extra time for temperature checks upon arrival. Anyone who has a temperature of 99 or above will not be allowed in the gym for that day.
- All participants must practice safe distancing. 6 feet or more.
- One adult trainer for every 5 players. Players must remain in the group. Cannot move to another group. State of NM Order.
- All players, coaches and parents must clean after themselves. All trash must be properly disposed into our trash cans. The facility must be clean and in the same condition as it was before the clinic or practice session.
- No one is allowed on the stairway or upstairs.
- Please stay in your designated area.
- No hitting balls or any object off the walls.
- Gum is not allowed in the main gym area.
- Food is not allowed on the playing or practice sections of our court.
- If you have committed any crimes of Moral turpitude or crimes against children, we respectfully request you not enter our facility and will not be allowed to become a member.
- Any changes of house rules will be posted in the facility.

If you have any injuries, illness that would not allow you to participate, please indicate on a separate form.

I also understand that, except for a monetary refund if deemed appropriate, I have no claims against ABQ Futsal, Saenz Productions or any entity associated with, by reason or their refusal to allow me to participate in the programs.

I have read the above Release and Waiver of Liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, BEFORE ACKNOWLEDGING THE CHECKBOX BELOW, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF THE YOUTH PARTICIPANT ASSOCIATED WITH THIS GUARDIAN ACCOUNT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of participant: _____ Date: _____

Signature of Parent if under 18: _____ Date: _____