

Waiver form and Release of claim Form

For and in consideration for any participation or use of the facilities or property of the Buffalo Flash and Sahlen Sports Park LLC (herein after "SSP"), I hereby release, waive, discharge and assume any and all risks and liabilities associated with my participation, use or association with SSP and Buffalo Flash and release and waive any and all rights and claims that I, my executors, successors, may now, or in the future have against the SSP and Buffalo Flash.

This agreement applies to 1) personal injury (including death) from accidents or illnesses arising directly or indirectly from participation in activities directed, suggested, or planned by SSP and Buffalo Flash including , but not limited to organized activities, classes, instruction, observation, related activities in a non-supervised setting, and use of facilities, premises, or equipment; and 2) any and all claims resulting from the damage to loss of, or theft of property.

I further agree to indemnify and hold harmless and defend the SSP and Buffalo Flash, its directors, coaches and affiliates from any claims resulting from the injuries, damages, illnesses and losses sustained by me or caused by me arising out of the association, connection with or in any way with my participation in any fitness and conditioning activities conducted at Training facilities and SSP.

I further state that I am in proper physical and mental condition to participate in team (Buffalo Flash) related activities. Injury may result in participation in team (Buffalo Flash) or it's related activities, such as, but not limited to broken bones, torn ligaments, pulled muscles, bruises, etc. I am willing and voluntarily assume all risks in my use of the facilities at SSP and all equipment within SSP and this general release of any liability is expressly executed and delivered by me to the SSP and Buffalo Flash for the express purpose of enabling me to be permitted access and use of all the facilities and Buffalo Flash equipment.

Player information:

Please fill out both sides of this form

Last Name	First Name	Middle Initial
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Street Address	City	State	Zip code
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Home Phone	Cell /home Phone
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I acknowledge that I am writing the agreement freely and voluntarily and intend my signature to signify a complete assumption of the inherent risks in any way associated with my participation, use, or association with Buffalo Flash and SSP.

Signature	Date
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Player Name

Mother's Name.....

Father's Name.....

Medical conditions/ Allergies:

Previous Injury declaration: Please list all previous injuries and surgeries that have resulted in extended or short term rehabilitation. Please also, include all current restrictions and/or doctor prescribed rest or rehabilitation that may limit you from participating in team related activities for part of, or entire playing season.

Injury date:

Brief description of injury:

Treatment received:

Injury date:

Brief description of injury:

Treatment received:

Injury date:

Brief description of injury:

Treatment received:

Person to notify in case of emergency:

Name.....Phone.....Relationship.....

Address.....