

Game On, LLC

COED Inner Tube Water Polo

Spring Session (March 2nd – May 4th, 2011)

Registration Fee: \$40 per Person or
\$350 per Team

Team Name: _____
(If Known)

Ability Level: 1 2 3 4 5 6
BEGINNER ADVANCED

Shirt Size: Small Medium Large XL

Position: _____

Current member of *theEDGE* : Yes No
(if No please also complete the attached guest registration form)

Personal Information

First Name: _____ Last Name: _____

Phone 1: _____ Phone 2: _____

Address: _____

Town: _____ State: _____ Zip: _____

Date of Birth: _____ Email: _____

Emergency Contact

First Name: _____ Last Name: _____

Phone: _____ Relationship: _____

Waiver and Release

I acknowledge and assume the risks inherent in the activities for which I have registered, and understand that serious injuries or death may result from my participation. I agree to release and hold harmless Game On, LLC, its members, employees, agents, subcontractors, providers and affiliates from any and all liability for personal injury, including death, or property damage, including without limitation any claims, costs, damages, attorneys fees, insurance fees and medical expenses, resulting from or related to my participation in this program. I understand that medical or injury insurance coverage is not provided by or through Game On, LLC. If needed, I grant permission to receive emergency treatment and I authorize the attending physician to administer any necessary medical attention.

Photographs and videos may be taken during the activities, to be used as promotional material, including video presentations, brochures and on the Game On, LLC website. I grant Game On, LLC and its agents the right to use, reproduce, assign, and distribute photographs, films, videotapes and sound recordings of me for use in any such materials they may create.

I HAVE READ THIS AGREEMENT, INCLUDING ITS ASSUMPTION OF RISKS, WAIVER AND RELEASE, I FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY.

SIGNATURE

DATE

Return form by mail by 2/23/11 with payment payable to:
Game On, LLC
P.O. Box 1295
Williston, VT 05495

Guest Registration Information
 * photo id and date of birth required.

Your Name: _____ / /
First Last Birth Date

Child's Name: _____ / /
First Last Birth Date

*E-mail Address _____
Male / Female

Address: _____
Street Address

_____ City State Zip Code

Phone Number () _____ Alternate Phone: _____

Additional Family Members:

Name: _____

Name: _____

Name: _____

Would you like information on: Swim lessons / Tennis lessons / Membership Specials / Other _____

Have you spoken to anyone regarding membership? Yes No If yes, whom? _____

Today's Date & Time: _____ Thank you for visiting!

*** To opt out of receiving e-newsletters and offers from the Edge check here:**
RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in an Edge/SFEdge, Inc. program, membership, related events and activities, 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 and bring such to the attention of the nearest employee or volunteers immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Sports & Fitness Edge, Inc., their officers, employees, other participants, sponsoring agencies, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("releasees"), with respect to all injury, disability, death, or loss or damage to person or property, whether arising from negligence of the releasees or otherwise, to the fullest extent permitted by law.

PARENTS SIGNATURE IS REQUIRED IF PARTICIPANT IS UNDER 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

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.

Your Signature: _____ Date: _____

Parent/Guardian' Signature (required for guest under 18): _____ Date: _____