



# Adult Indoor Flag Football

## Parent & Player Acknowledgement & Agreement Form for players of age 16 - 17 (03/06/2010)

The Edge Sports Center, LLC  
 4450 Denrose Court  
 Fort Collins, CO 80524  
 (At Highway 14 & I-25)  
[www.edgesportscenter.com](http://www.edgesportscenter.com)  
[information@edgesportscenter.com](mailto:information@edgesportscenter.com)  
 970.472.0048

PLAYER's FIRST NAME \_\_\_\_\_ PLAYER'S LAST NAME \_\_\_\_\_ AGE \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ '09-'10 GRADE \_\_\_\_\_

Adult Flag Football INDOOR Team Name \_\_\_\_\_

Parent or Guardian's FIRST Name(s) \_\_\_\_\_ LAST Name (s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Parent or Guardian's Email Address \_\_\_\_\_

- Check here if you do NOT want to receive periodic updates on upcoming baseball activities via regular mail
- Check here if you do NOT want to received periodic updates on upcoming baseball activities via email

I, the undersigned parent or legal guardian of the youth player listed above, who is participating in an **Adult Indoor Flag Football League, a "blocking with hands allowed" contact league** at The Edge Sports Center ("The Edge"), certify that I am at least 18 years of age on the date that I signed this form, and that

1. I certify that the above-named youth player is at least 16 years of age as of the date that I signed this form.
2. I hereby give my consent for emergency medical care for the above-named youth player by the staff of The Edge Sports Center, LLC, or anyone else present, to ensure that the most immediate treatment can be obtained. This treatment may be given under whatever conditions are necessary in order to preserve the player's life and/or well-being.
3. I hereby release and discharge and hold harmless The Edge Sports Center, LLC and its members, officers, agents, employees, contract workers and any other persons or entities acting on their behalf against all claims, demands and causes of action relating to injury, illness, disability, death or other harm, to person, property, or both arising from participation of the above named youth player in Indoor Flag Football Leagues at The Edge Sports Center.
4. I am aware of and assume all risks and dangers incidental to and inherent in the game of Flag Football, and in particular, the game of Flag Football played or practiced, including specifically, but not exclusively, the danger of being injured by contact with other players (e.g. due to being blocked by another player, due to blocking another player, being run into, etc), referees, or other non-players on the field of play (e.g. scorekeeper), and facility structures (e.g. walls, chain link fences, the synthetic turf surface, etc), and hereby waive all claims against The Edge Sports Center, LLC and the aforementioned entities and individuals.
5. I understand that I am solely responsible for any cost arising out of any bodily injury, property damage, and medical evacuation and rescue expenses sustained through the participation of the above named player in Adult Indoor Flag Football activities at The Edge Sports Center.
6. I understand that The Edge Sports Center, LLC may require proof of age for any player and I agree to provide such proof. I understand that anyone found knowingly giving false information to The Edge Sports Center, LLC is subject to immediate removal from the activity associated with that information.
7. I agree to communicate to the youth player named above that he MUST abide by & uphold the rules and regulations of The Edge Sports Center, LLC, especially that objectionable conduct or behavior, including, but not exclusively limited to:
  1. Profane and/or abusive language and/or Initials of Player \_\_\_\_\_
  2. Physical or verbal intimidation, or fighting,

towards/with other players, referees, spectators, or the staff of The Edge Sports Center, LLC will not be tolerated and can lead to:

  1. Immediate removal of the player from the activity, Initials of Player \_\_\_\_\_
  2. Removal of the player from the facility, and/or
  3. Exclusion of the player from any and all future activities at The Edge Sports Center.
8. I understand that there will be NO refunds for players removed or excluded from the facility.
9. Permission to use Photographs & Video Recordings. I give my permission to The Edge Sports Center to use sports action, team, and/or spectator photographs and video recordings of the above named player in various Edge Sports Center marketing materials such as brochures, DVD's, and/or on the web site of The Edge Sports Center. I waive any claim to monetary compensation in any form from The Edge Sports Center for the use of such photos or video recordings

I represent that I am the parent or legal guardian of the above named player and that I have read, understand, and agree to the above statements. Acknowledged and Agreed:

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_