THE ACCELERATED CENTER, NSC MANAGEMENT LLC, PARTICIPANT REGISTRATION

Team Name:	Age Group:	
Adult Participant/Parent Name:		Birth Date:
Address: City:	State:	Zip:
Phone: Cell Phone:		Member: ☐YES or NO☐
**Please check box if you would like to receive TEXT MESSAGES on updates/game reminders \Box YES or NO \Box		
If YES, please write in your mobile provider/carrier:		
Email address:	(email address is your Me	ember Login for schedules, etc)
Minor Participant Name:	Sex: Birth Date:	
Minor Participant Name:	Sex: Birth Date:	
IN CONSIDERATION of being permitted to participate in any way in for personal representatives, assign and qualified, in good health, and in proper physical condition to participate in believe conditions to be unsafe, I will immediately downward to the fat any time I believe conditions to be unsafe, I will immediately downward. FULLY UNDERSTAND THAT: (a) THE ACCELERATED CENTERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PAGENGUS BODILY INJURY, INCLUDING PERMANENT DISABILITY INTURNATION OF RISK AND SOCIAL AND ECONOMIC LOSSES either not known to mead ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY INTURNATION OF THE NEGLIGIAL RESPONSIBILITY INTURNATION OF RISK, AND INDEMNITY AGREEMENT THE RELEASES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH ACCEPT AND ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT THE RELEASES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH ACCEPT AND HIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, I	gns, heirs, and next of kin: I the nature of The Accelerate rticipate in such Activities. I filiscontinue further participatic TER ACTIVITIES INVOLVE RISARALYSIS, AND DEATH ("RISAS OF INACTIVES OF OTHER SELEASES" NAMED BE OF NOTE OF THE RELEASES" NAMED BE OF NOTE OF THE RELEASES, COSTS, AND DOTHER ACCELERATED CELEAGENTS, OFFICERS, MEMBERS, OFFICERS, MEMBERS, VINCE AND SELEASES, COSTS, AND DOTHER ACCELERATED CELEAGENTS, OFFICERS, MEMBERS, VINCE AND SELEASES OF PREMISES OF THE NEGLIGENCE OF THE ACCELERATE OFFICERS OF THE NEGLIGENCE OF THE ACCELERATE OFFICERS OFFICE	ad Center Activities and that I urther agree and warrant that on in the Activity. SKS AND DANGERS OF (S"); (b) these Risks and cipating in the Activity, the ELOW; (c) there may be OTHER this time; and I FULLY AMAGES I incur as a result of NTER, NSC MANAGEMENT LLC, olunteers, and employees, on which the Activity takes (S. LOSSES, OR DAMAGES ON E OF THE "RELEASEES" OR DItte this RELEASE AND WAIVER makes a claim against any of any litigation expenses,
RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HEALL CONTINUE IN FULL FORCE AND EFFECT.	UT INDUCEMENT OR ASSURA ALL LIABILITY TO THE GREAT	NCE OF ANY NATURE AND FEST EXTENT ALLOWED BY
Signature of Adult Participant:	Date:	
MINOR REL	.EASE	
AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACCELERATED CENTER ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNITY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.		

Signature of Parent/Guardian: