



Indoor Sportsplex, LLC
www.finishstrongsportsplex.com
551 West Roosevelt Road.
West Chicago, IL 60185
P 630-293-0963
F 630-293-1071

Player's Name _____
Player's Birthday _____
Address _____
City, State, Zip _____
Phone # _____
E-Mail _____

Injury Waiver

I/WE RECOGNIZE AND ACKNOWLEDGE THAT BASEBALL/LACROSSE AND OTHER SPORTS PLAYED AT FINISH STRONG INDOOR SPORTSPLEX INVOLVE RISKS OF INJURY TO THE PARTICIPANT. I/WE AGREE THAT NEITHER I NOR ANY PERSON CLAIMING ON MY BEHALF SHALL NOT SUE OR BRING ANY CAUSE OF ACTION AGAINST FINISH STRONG INDOOR SPORTSPLEX AND IT'S AGENTS, INSTRUCTORS, EMPLOYEES AND OWNERS FOR ANY AND ALL LIABILITY FOR DAMAGES BECAUSE OF INJURY OR OTHERWISE ARISING DIRECTLY OR INDIRECTLY OUT OF OR IN CONNECTION WITH HIS/HER PARTICIPATION AT FINISH STRONG INDOOR SPORTSPLEX INCLUDING ANY TRANSPORTATION TO AND FROM THE CENTER.

I HAVE HAD AN OPORTUNITY TO READ THE ABOVE PARAGRAPH. I FULLY UNDERSTAND AND ACCEPT THE TERMS OF IT AND AGREE TO BE BOUND BY IT.

AGREED TO AND ACKNOWLEDGED

TODAYS DATE _____

PARTICIPANT SIGNATURE _____

PARENT OR GUARDIAN SIGNATURE _____

(IF PARTICIPANT IS 18 YEARS OR YOUNGER)

PARTICIPANT OR PARENT'S NAME PRINTED _____

PARENT'S BIRTHDAY _____

EMERGENCY INFORMATION

NAME & RELATIONSHIP OF PERSON TO CONTACT

TELEPHONE # _____

ALTERNATE TELE. # _____