

**RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT  
FOR HALLSTOM'S ROCKFORD F.I.R.E. SPORTS**

In consideration of participating in the sport of basketball, volleyball, or flag football, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from the negligence of Hallstrom and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons, locations, or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that the sport of basketball, volleyball, and flag football involves known and unanticipated risks that could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include but are not limited to broken bones, torn ligaments, bruises, and other bodily injuries as serious as death, disability, or blindness, caused by contact with basketballs, volleyballs, footballs, other participants, or structures like walls and bleachers, or caused by slippery, sticky or uneven playing surfaces; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action that are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition that could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released based on any negligence claim.**

I have had sufficient time to read this entire document, and should I choose to do so, consult with legal counsel before signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and I agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (**PRINT minors' names**) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence that are brought by or on behalf of the minor or are in any way connected with such participation by the minor.

**Parent or Guardian** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**TREATMENT AUTHORIZATION**

As the parent or guardian of \_\_\_\_\_, I permit Hallstrom Rockford F.I.R.E. coaches, Athletic Director, or their designees to obtain medical treatment when my child is participating or traveling for Hallstrom sports.

**Parent or Guardian** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_