



# GENERAL WAIVER

## IRISH DOME PLAYER WAIVER/LIABILITY RELEASE FORM - PLEASE READ BEFORE SIGNING

I|We understand that the participant named below (hereafter, the "Participant") has made application to be enrolled in an activity conducted at, sponsored by or involved in any way with the Irish Sports Dome (hereafter referred to as "Irish Dome"). The undersigned participant and or their parents or legal guardian acknowledge that:

I|We understand that there are risks of personal injury associated with the participation in athletic training programs, events, and activities, which can result in temporary or permanent disabilities and severe personal loss and economic damages.

I|We understand that the Irish Dome provides no pre-enrollment medical examination and takes no responsibility for monitoring and assessing the health and physical condition of the participant.

IN CONSIDERATION OF THE ACCEPTANCE OF THE PARTICIPANT'S APPLICATION | REGISTRATION TO ENROLL IN THE IRISH DOME'S PROGRAM, AND WITH THE KNOWLEDGE OF THE ASSOCIATED RISK TO THE PARTICIPANT, I|WE AGREE TO THE FOLLOWING.

I|We consent to the participant enrolling in the Irish Dome's program, and participating in the events and activities which constitute the program.

I|We will instruct the participant to review and carefully follow all of the Irish Domes guidelines, rules and procedures of safety and general deportment while on the Irish Domes premises, whether or not the participant is engaged in training events or activities at the time.

I|We accept and assume full responsibility for consulting with a doctor about the training program required to participate in any event at Irish Dome, and hereby warrant, represent, and state that the participant named below is in good physical condition and that the participant has no disability, impairment, or ailment that would prevent him/her health, safety, comfort or physical condition. In the case of emergency, I|We grant permission for medical treatment to be given at a local hospital.

I|We accept and assume all risk and responsibility for accidents, illness, injury, death and/or damages, which may result from the Participant traveling to or from or participating in any of the events or activities at Irish Dome, and hereby waive, release and discharge the Irish Dome, its officers, directors, employees, and agents or anyone associated with the Irish Dome from any and all liability therefore

I|WE HAVE READ THE FOREGOING AND UNDERSTAND THAT ITS TERMS INCLUDE MY|OUR CONSENT AND MY|OUR AGREEMENT TO TAKE CERTAIN ACTIONS, TO ASSUME CERTAIN RESPONSIBILITIES AND TO RELEASE THE IRISH DOME FROM CERTAIN LIABILITIES. I|WE SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Print Full Name Age Group | League  
if applicable

Team Name if applicable Coach  
if applicable

Participants Home Address City State Zip

Home Phone Email Birthday

If under 18 | Print Parent or Legal Guardian's Name

If under 18 | Print Parent or Legal Guardian's **Signature** Participant's **Signature** (if over 18)

Date of competed waiver

Revision 2 (7|30|08)