

**BCM SPORTS & BOUSE SPORTS COMPLEX / PARK ACKNOWLEDGEMENT AND ASSUMPTION OF RISK,  
RELEASE, WAIVER AND INDEMNITY**

**2016 (Tournament Team Form)**

**ACKNOWLEDGEMENT AND ASSUMPTION OF RISK** I acknowledge that entering and using the BOUSE SPORTS COMPLEX, including its playing fields, walkways, seating areas, food and beverage facilities and batting cages (collectively the "PARK") carry risks. Flying balls and other objects, sliding into bases (particularly head first), concussions from blows to or affecting the head and batted or thrown balls traveling faster than other players can react all can cause serious injuries. Serious injuries also may occur during games or other activities I or my family may participate in or observe while on the premises, including injuries which may result from the action, inaction or negligence of the Released Parties (defined below), the intentional wrongdoing of others (including other players or spectators) and acts of God such as lightning and earthquake. I knowingly and voluntarily assume these and all other risks.

**RELEASE AND WAIVER** In consideration for the right to use the PARK, I, and on behalf of, as applicable, my minor children, heirs, executors and assigns, intend to and hereby do (a) release & BOUSE SPORTS COMPLEX and BCM SPORTS, INC, and their parent and affiliated entities and the officers, members, managers, owners, directors, contractors, employees, umpires, referees, sponsors, advertisers, volunteers and agents of each of the foregoing entities and the City of Choctaw and its elected officials, officers and employees (collectively the "Released Parties") from or with respect to any and all premises or other liability from any cause whatsoever (including, without limitation, negligence in rendering, or not rendering, medical or emergency aid) and for any and all loss of life, bodily injury, property damage and/or other loss I or my minor children may suffer or incur in, about or en route to or from the PARK premises, whether or not any such loss is caused in whole or in part by the action, inaction or negligence of any Released Party; and (b) waive any and all rights I or they may have to make a claim against or to sue any Released Party for any such loss of life, injury, damage or other loss or from any suspension I or they may be issued as provided in the paragraph below.

**CONDUCT AND INDEMNITY** To create and maintain a safe environment, the PARK and sanctioning national associations have established rules and regulations. I agree to abide by them. I agree that I may be suspended from the PARK for dangerous, abusive, offensive, disruptive or other bad conduct, for any violation of the rules or regulations or for initiating or threatening litigation. **FURTHER, I AGREE TO INDEMNIFY THE RELEASED PARTIES FROM THE CONSEQUENCES OF ANY SUCH CONDUCT, VIOLATION OR ACTION OF MINE, INCLUDING ATTORNEYS' FEES AND COSTS.**

**INSURANCE AND OTHER PROVISIONS** I understand that the PARK does not maintain health, medical, accidental injury or disability insurance for the benefit of my family or me and that I will be responsible for the cost of any medical services incurred by or for us unless I or my team obtain(s) my or its own insurance. I acknowledge the PARK is not responsible for theft, lost items, property damage or vandalism. I consent to the use of my image and likeness in BCM SPORTS, INC advertising, promotional materials and social media without compensation. I authorize representatives of the PARK to obtain emergency treatment for me or my minor children in the event of illness or injury. I understand it is my responsibility, not the Park's, to supervise my children. If any provision hereof is found to be invalid or unenforceable, such determination shall not invalidate or render unenforceable any other provision. I acknowledge that concussions may be caused by a blow to the head or elsewhere which transmits force to the head. A repeat concussion that occurs before the brain recovers from a previous one can result in permanent brain damage or even death. If I or any child of mine suffers such a blow, I or he/she will discontinue playing and seek medical clearance before playing again.

**Staff Use Only: Received by** \_\_\_\_\_ **on** \_\_\_/\_\_\_/\_\_\_

**SIGNATURE PAGE ON REVERSE SIDE OR ATTACHED**  
2016-03-04

**2016 (Tournament Team Form) Signature Page**  
**(PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURES)**

Tournament: Name \_\_\_\_\_ Date(s) \_\_\_\_\_

Team Name \_\_\_\_\_ Team Coach or Manager \_\_\_\_\_

I have read and acknowledge and agree to be bound by the terms and provisions of the Acknowledgement and Assumption of Risk, Release, Waiver and Indemnity (2016) printed on the opposite side of or to which this Signature Page is attached. **SPECIFICALLY, BY MY SIGNATURE BELOW I AGREE TO INDEMNIFY THE RELEASED PARTIES FROM THE CONSEQUENCES OF ANY CONDUCT, VIOLATION OR ACTION OF MINE, INCLUDING ATTORNEYS' FEES AND COSTS, AS PROVIDED IN PARAGRAPH 3 (CONDUCT AND INDEMNITY) THEREOF.**

PLAYER FIRST NAME	PLAYER LAST NAME	DATE OF BIRTH (mm/dd/yyyy) IF UNDER 18	PLAYER SIGNATURE IF OVER 18; PARENT/GUARDIAN IF UNDER 18	PARENT /GUARDIAN FIRST NAME IF PLAYER UNDER 18	PARENT /GUARDIAN LAST NAME IF PLAYER UNDER 18

**TEAM COACH OR MANAGER VERIFICATION:** I, the Coach or Manager (as applicable) of the above team, do hereby verify (1) that the information set forth above is accurate and complete to the best of my knowledge and (2) that all of the players (or all of the parents or guardians of any players under the age of 18) signed the above form in their own handwriting.

Coach or Manager Signature: \_\_\_\_\_  
 Coach or Manager Address1: \_\_\_\_\_  
 Coach or Manager Address2: \_\_\_\_\_  
 Coach or Manager Phone (Home): (\_\_\_\_\_) \_\_\_\_\_ (Mobile): (\_\_\_\_\_) \_\_\_\_\_  
 Coach or Manager e-mail: \_\_\_\_\_