



Sober Saturday Night Waiver and Door Prize Form

Please have your parents sign if you are under 18.

_____/_____/_____
Parent's Name **D.O.B.** (required if you child is a minor)

_____/_____/_____
Students Name **D.O.B.**

School **Grade**

_____/_____/_____
Students Name **D.O.B.**

School **Grade**

Address **City**

Zip Code

(____) _____ (____) _____
Home phone **Cell Phone**

(_____@_____)

Email Address (we do not sell email names we use with our receipts, game reminders, E newsletter, and other items that might interest you)

How did you hear about Sober Saturday Nights?

In consideration of being allowed to participate in Saturday Sober Nights and Keva Sports Center programs and related events and activities at Keva Sports Center,

The undersigned:

1. Agree that prior to participating, they will inspect the facilities and equipment to be used, and if they believe that anything is unsafe, they will immediately advise the supervisor of such condition(s) and refuse to participate.
2. Agree that parent(s) or legal guardian(s) will instruct any minor participant that prior to participating, s/he should inspect the facilities and equipment to be used, and if the advise the supervisor of such condition(s) and refuse.
3. Acknowledge & fully understand that each participant will be engaging in activities that involve risk of injury, not only from the participant's own action, inaction, or negligence, but the actions, inactions, or negligence of others, the rules of play or the conditions of the premises or any equipment used. Further, that there may be other risks not known to us, or reasonably foreseeable at this time and assume all of the foregoing risks and accepts personal responsibility for the damages following such injury.
4. Intending to be legally bound, do hereby release, waive, discharge and covenant not to sue Sober Saturday Nights, Keva Sports Center, administrators, officers, directors, agents and other employees and volunteers, their participants, owners and lessors of the location used to conduct the activities, all which are hereinafter referred to as "lessees" from any and all liability to each of the undersigned, his or her heirs, personal representatives, guardians, parents or other representatives, from any claims, demands, losses, or damages on account of injury, including death, or damage to property caused or alleged to be caused in whole or in part, by the negligence of the release or otherwise in connection with association or participation in and/or arising out to travel to, participation in, and returning from participation in Sober Saturday Nights and Keva programs.
5. In event that the undersigned sustains injury or illness while participating in Sober Saturday Night and Keva programs, I hereby authorized any emergency, first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel also give my permission forms, or other necessary medical personnel. I also give my permission forms, or other necessary medical documents, and to act on behalf of the undersigned in the undersigned or his/her parent are not immediately available to do so.
6. By providing your name and telephone number, you hereby expressly permit and authorize Keva Sports Center and Sober Saturday Nights, representatives to contact you via telephone to discuss or leave you a message about your our programs. We reserve the right to use photos for promotional events and future use. KEVA Sports center does not sell your personal information to other parties.

I have read this release:

Parent or Guardian Signature

Date

PLEASE SIGN and DATE WAIVER