



Downriver Panthers Activity Registration

Please email the completed and signed registration forms to info@downriverpanthers.com or bring them with you to your first game.

Activity Type:

Baseball _____ Bowling _____ Swimming _____

Participant Details

T-Shirt Size: _____

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of birth: _____ Phone: _____

Email: _____

Additional Participants

T-shirt size: _____

First Name: _____

Last Name: _____

Date of birth: _____ Phone: _____

Email: _____

Parent/Guardian Information

(Required if registering a minor under 18 years of age)

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone: _____

Will you be interested in volunteering with Downriver Panthers activities: Yes ___ No ___

MEDIA WAIVER

I hereby agree to photographing and/or videotaping tapes of the person named above by Downriver Panthers. I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Downriver Panthers and its officers, directors, employees, agents, volunteers and contractors from all claims, demands, and liabilities whatsoever in connection with the above.

Self/Parent or Guardian Signature _____

Date _____

EMERGENCY TREATMENT

No individual can be accepted for participating in the sports activities until this form has been completed by his/her parent(s) or guardian or by the individual if he/she is a legally competent adult, age 18 or over. Although every effort will be made to avoid any accident, no liability can be accepted by any of the individuals or organizations concerned or by Downriver Panthers and its officers, directors, employees, agents, volunteers and contractors.

Participant Name: _____ Date of birth: _____

Diagnosis: _____

Parent/Guardian name: _____ Phone: _____

Person who should be notified in case of emergency in absence of parent or guardian:

Name: _____ Phone: _____

Relationship: _____

PARTICIPANT WAIVER AND RELEASE OF LIABILITY

In consideration of the opportunity to participate in the Downriver Panthers' (hereinafter Organization) programs and events (hereinafter Event), which are including but not limited to swimming, baseball, bowling, game nights and any other deemed appropriate event at various locations, whose registration process requires me to accept this agreement, I hereby agree to the following Waiver and Release of Liability (Agreement):

1. Waiver and Release of Liability: My child's or ward's participation in the Event is voluntary and subjects them to the possibility of physical injury (which could be minimal, serious, and/or result in death) and loss of or damage to their property (collectively, Risks). Accordingly, I agree to the following on their behalf and as their parent and/or guardian:

a. I hereby release and hold harmless Company, its officers, directors, employees, agents, volunteers, and contractors (collectively, Releases) from any claim, demand, loss, liability, damages, and attorney fees and costs whatsoever arising from, related to, or resulting from these Risks (Claims), including those caused by the negligent acts or omissions of any or all of the Releases.

b. I recognize the physical exertion involved in the event and attest and certify that my child/ward is physically fit to compete safely, and I have not been advised otherwise by a health care professional.

c. As between each of the Releases and me, I will be solely responsible for any and all medical and related bills that my child/ward may incur because of any injury, as well as costs related to loss or damage to their property, that they may sustain as a result of their participation in the Event, including those sustained on the premises where the Event is conducted and while they are traveling to and from such premises, regardless of the location or mode of transportation.

d. This Agreement shall be binding on their and my estates, heirs, executors, administrators, successors, and assigns, as well as any other party asserting a Claim on their or my behalf or on behalf of their or my estates.

2. General Provisions:

a. I hereby expressly agree that (1) this Agreement shall be governed and construed according to the laws of the state of Michigan without regard to its conflict of laws provisions and (2) any action or proceeding concerning any Claim or the meaning or effect of any provision of the Agreement shall be conducted only in the federal or state courts located in Detroit, Michigan, and that for such purposes, I expressly submit to the jurisdiction of such courts.

b. This Agreement contains the entire understanding between and among the parties concerning these matters. No waiver, modification, or amendment of any of the terms of this Agreement shall be effective unless made in writing and signed by the party to be charged.

c. I hereby expressly agree that if any portion of this Agreement is held invalid, the balance of the Agreement shall nonetheless continue in full legal force and effect.

I warrant that I have read and understand that this Agreement involves my waiver and release of significant rights on behalf of both myself and my child/ward and my assumption of significant indemnification responsibilities in participating in the Event.

Self or Parent/Guardian Signature _____

Date _____