

Apex Sports Center Indoor Sports Facility
1741 Commerce Dr Mansfield, TX 76063

TEAM _____ AGE GROUP/DIVISION _____ COACH _____

WAIVER/RELEASE LIABILITY FORM
PLEASE READ FULLY AND CAREFULLY BEFORE SIGNING

In consideration for the permission granted to us and our families to visit and/or participate in activities, sports leagues, practices, fitness training sessions, or any other reason for which our attendance may be required at or in APEX SPORTS CENTER, the undersigned responsible adults or parent/guardians hereby irrevocably and unconditionally release and waive all claims of any nature now and hereafter existing whether known or unknown against SOCCER TEXAS STYLE (STS), INC. (D.B.A. APEX SPORTS CENTER) and all of their respective employees, officers, partners, directors, shareholders or affiliates (collectively, "Indemnities") resulting in whole or part from participation in activities, practices, viewing of games or casual visitation of the undersigned and/or their children in such activities at, in or around the APEX SPORTS CENTER complex, **INCLUDING ANY AND ALL SUCH CLAIMS THAT ARISE IN WHOLE OR PART DUE TO NEGLIGENCE OF ANY OF THE INDEMNITIES.**

This Waiver/Release from liability is to remain in effect for a period of one (1) year from the signing date.

BY OUR SIGNATURES BELOW WE STATE AND VERIFY THAT WE ARE OVER THE AGE OF EIGHTEEN (18), or the parents or guardians of the indicated minor: Have read and fully understand the foregoing waiver/release as a full release of liability.

Print Player Name Player or Parent Signature Player DOB

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DATE: _____