



CAPITOL SQUARE KICKBALL LEAGUE RELEASE FORM

Capital Crossroads Special Improvement District of Columbus, Inc. is organizing an adult kickball league. The Capitol Square Review and Advisory Board permits kickball games to be played on the west lawn of the Ohio Statehouse. (This release sometimes calls these organizations “the Sponsors.”)

I am fully aware of all of the risk involved in the sport of adult kickball. By participating in the league and its activities, I voluntarily agree to take on these risks; I will not hold the Sponsors responsible for any of these risks or the consequences of these risks. “Participation” includes, but is not limited to, watching or participating in games, practice session and warm-ups.

I agree to follow the published kickball rules of the World Adult Kickball association at all times during participation.

I do not suffer from any heart, lung or other medical condition or disease that might in any way hinder or prevent me from fully participating in adult kickball.

In return for the Sponsors allowing me to participate, I release, discharge and agree to hold harmless each of the Sponsors (including the officers, directors, employees, members, subsidiaries, agents, successors and assigns of each Sponsor) from any and all liability that may arise, directly or indirectly, now or in the future, by reason of any injury, damage, loss or expense incurred in connection with my participation, even if caused solely in part by the fault of the Sponsors or the other persons released. “Fault” includes, but is not limited to negligence, gross negligence and/or recklessness.

This release is a binding legal document. The Sponsors will have the legal right to reply fully on all statements, agreements and promises that I make in this release. The release is binding on my executors, administrators, successors and assigns, as well as upon me.

I HAVE READ AND UNDERSTOOD THIS RELEASE AND ENTER INTO IT IN CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THE SPORT OF ADULT KICKBALL.

Participant’s Name (please print) _____

Street Address _____

City, State, Zip _____

Emergency Contact _____ Phone _____

Participant Signature _____ Date _____