



MEN'S 4+ LEAGUE RULES

WAIVER OF LIABILITY

2022 YEAR (January 1, 2022 thru December 31, 2022)

Print : First and Last name

Team organization

I _____ player of _____

In accordance with **ZONE IN ATHLETICS/JUST4SPORTS, THE LAB, AZ COMPASS PREP SCHOOL** and or any other location that may be used for the sole purpose of **ZONE IN ATHLETICS MEN'S 40+ LEAGUE**, as so signed and dated per a team player of the above team entering the Men's 40+ league. I do agree to take personal responsibility of any injuries that may occur while partaking in this stated above League. I waive any liability to the above stated organizations.

I understand that this Waiver of Liability is my official submitted agreement to participate in **ZONE IN ATHLETICS 40+ MEN'S LEAGUE** from the date signed and any other session that the Men's league may have for the entire year from signed and dated signature below to the date of December 31, 2022.

I also consent to all the Authorized Program Directors of **ZONE IN ATHLETICS 40+ MEN'S LEAGUE**, at all gym locations with securing medical attention/transportation deemed necessary in an emergency. I will not hold **ZONE IN ATHLETICS/JUST4SPORTS, THE LAB, AZ COMPASS PREP SCHOOL** and or any other location that may be used for the sole purpose of **ZONE IN LEAGUE** for injury or liability.

I have/will secure adequate insurance for myself and that **ZONE IN ATHLETICS/JUST4SPORTS** nor **THE LAB** nor **AZ COMPASS PREP SCHOOL** nor and or any other locations that may be used for the sole purpose of **ZONE IN LEAGUE MEN'S 40+ LEAGUE** responsible for medical costs/care/physical therapy etc.

I recognize there are risks associated with strenuous physical exertion when engaging in basketball activities. I certify to the best of my knowledge that I am physically capable to participate in the demanding activities.

I, undersigned, have read this release and understand all its terms.

By Signing this **WAIVER OF LIABILITY**, I therefore state I have read the **ZONE IN ATHLETICS MEN'S LEAGUE RULES** and will abide. I am aware that a set of rules are provided to me by my team Coach/Captain, are available online at **ZONEINATHLETICS.COM**, and are available at each score table for my convenience.

Authorized Representative of Team/Organization

Dated: _____

Signature: _____ Print Name: _____