CRICNETS FACILITY

LIABILITY WAIVER

This liability waiver pertains to all activities, including events, practices, gym sessions, tournaments, and matches conducted at the CRICNETS Indoor Cricket Facility (hereinafter referred to as 'CRICNETS'), whether at any branch of CRICNETS or organized by CRICNETS and held at any alternate location.

In consideration of the privilege to participate, the undersigned hereby:

Agrees that, prior to engaging in any activity, I will inspect the facilities and equipment. If I identify any potential hazards, I commit to promptly notifying CRICNETS management.

Recognizes and comprehends that I am participating voluntarily in activities that carry both known and unknown risks of injury, encompassing severe injuries, permanent disabilities, and even fatality. Such risks might stem from my own actions, omissions, or negligence, as well as the actions, omissions, or negligence of others, including but not limited to CRICNETS, the regulations of play, premises conditions, or any equipment employed.

Assumes all the aforementioned risks as a precondition for participation and takes personal accountability for any resulting damages following such injuries.

Unconditionally releases, waives, indemnifies, and refrains from pursuing legal action against the officers, directors, administrators, agents, coaches, staff, volunteers, sponsoring entities, sponsors, and advertisers associated with CRICNETS.

Accepts responsibility for all medical expenses incurred, irrespective of insurance coverage. In situations of emergencies, accidents, or illnesses, authorizes ambulance transportation to a hospital. Grants permission to physicians, athletic trainers, technicians, first-aid personnel, nurses, and dentists to conduct necessary diagnostic, treatment, or operative procedures and x-rays. No assurance has been given regarding the outcomes of examinations or treatments. Assumes full responsibility for any and all medical costs.

Assumes responsibility for the decision to continue participating despite existing injuries.

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Parent/Guardian's Signature: ______ Date (DD / MM / YYYY): //_____