



Men's Fall Basketball League- Starts September 10th, 2018

League: 34+ Men's League

Captain Name: _____

Date of Birth: ____/____/____

Email: _____

Phone: ()- _____ - _____

Address: _____

I acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, which may include permanent disability and even death, and severe social and economic losses which might result not only from my actions, but also from the action, inaction, or negligence of others, the rules of play, or the condition of the premises, or any equipment used, and further that there may be risks not known to me or not reasonably foreseeable. I expressly assume all risks of injury, including death, which may occur in connection with my participation in activities at Team85 Fitness & Wellness. I give to Team85 Fitness & Wellness and its designees, agents, and assigns unlimited permission to use, publish and republish in any form or media, reproductions of my likeness, or my likeness photographic or otherwise, with or without identification of me.

Signature: _____ **Date:** _____

Deposit due at signing of Agreement: \$150

Credit Card Information: Visa Mastercard Discover (Circle One)

Account # ____/____/____/____ **CVV2 #** _____

Name on Card: _____ **Exp Date:** _____

Paid Amount: _____

