



**Battle in the Big Apple**  
**PARTICIPANT WAIVER & RELEASE**

**Signature is required to participate**

In consideration of my participation in Big City Sports/Battle in the Big Apple sponsored events and activities, I agree to the following:

1. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a event and related sports conditioning activities. I further agree on behalf of myself, my heirs and personal representatives, that Big City Sports/Battle in the Big Apple, along with coaches, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.
2. **Medical Attention:** I hereby give my consent to Big City Sports/Battle in the Big Apple to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in Big City Sports/Battle in the Big Apple sponsored or sanctioned events.
3. **Readiness to Compete:** I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate.
4. **Code of Conduct:** I have read and agree to all parts of the Code of Conduct.
5. **Video and Photo Waiver:** I hereby give my consent to Big City Sports/Battle in the Big Apple to create and use an online profile to promote my participation in said event to colleges and universities. I also give my consent to Big City Sports/Battle in the Big Apple to use any video, photos and details that I may show up in from the event to be posted on their website and used to promote my participation in said event.

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant Last Name, First Name (please print)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**FOR ANY PARTICIPANT WHO IS NOT YET 18 YEAR OLD**

As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the conditions under the Participant Waiver & Release section for permitting by child to participate in any Big City Sports/Battle in the Big Apple sponsored events and activities, and I accept each of the conditions, especially the waiver and release set forth in paragraph one.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION**

I/We being the legal guardians of the applicant, authorize Big City Sports/Battle in the Big Apple and its agents permission to request medical treatment as necessary to sure the well being of our dependent.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

BIG CITY SPORTS/BATTLE IN THE BIG APPLE IS NOT RESPONSIBLE OR LIABLE FOR ANY OF THE ACTIVITIES IN RESPECT TO THE FACILITY; THE FACILITY DIRECTOR IS AN INDEPENDENT CONTRACTOR.