

Powerplay

Adult Waiver

Last Name _____ First Name _____ Age _____ Sex _____

Address _____ Zip _____

Home Phone # _____ Work Phone # _____ E-mail _____

Other Emergency Contact _____ Tel# _____

PLEASE READ CAREFULLY AND SIGN & DATE BOTTOM LINE.

I certify that I have no conditions allergies or physical limitations that prohibits full participation in activities at powerplay. I assume all ordinary risks when using the facilities and hereby release Powerplay, or any of its instructor or employees for any injury or damage suffered in connection with said use of the equipment, instructors and facilities. In case of an emergency, I authorize powerplay, its agents and employees to contact and secure if necessary medical attention for me.

Signature _____ DATE _____