

**CAROLINA ROLLER DERBY, INC.**  
Waiver, Acknowledgement, and Release of Liability

**Please Print**

Participants Name: \_\_\_\_\_ SSN/DL#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Tel #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Medical:** It is the responsibility of the undersigned to ensure that the above-named person is medically fit to participate in strenuous on-rink or off-rink activities. Participation in roller derby activities, as in any sport, presents a risk of injury to person or property. The undersigned certifies that the above-named participant has no known conditions that prohibit or limit participation in any derby/skating activities held by or in association with the Carolina Roller Derby. Additionally, the undersigned must have primary insurance and/or secondary USARS or WFTDA insurance to cover any expenses related to any potential injury that may arise from participation in activities with Carolina Roller Derby.

**Indemnification and Risk Acknowledgment:** In consideration of being allowed to participate in any practices, competitions, or related events and activities, of the Carolina Roller Derby athletic sports programs, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injuries from activities involved in this program is significant, including the potential for permanent paralysis and death, and while strict rules, equipment and personal discipline may reduce such risk, however the risk of serious injury remains; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others. I assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official, trainer, skating facility employee, and members of the Carolina Roller Derby immediately; and,
4. I, for myself and on behalf of my heirs, assignees, personal representatives and next of kin, HEREBY RELEASE AND HOLD BLAMELESS the Carolina Roller Derby, the rinks hosting practices and competitions, coaches, trainers, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors and advertisers (all of which are herein referred to as "releasees") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss, or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

**Conduct:** Because of the dangers of participation in roller derby, I recognize the importance of instruction given regarding playing techniques, training, rules of the sport, or to the team rules, and to obey these instructions. I will not participate in any Carolina Roller Derby practice or competition under the influence of illegal drugs or alcohol. If I am prescribed medication by a certified medical physician which may impair my judgment or affect my ability to participate in strenuous activity, I will seek medical consultation about my ability to participate in athletic activities, inform the trainers and team coordinators of the Carolina Roller Derby of my medical condition, and opt not to participate if I believe there are risks to my health or the safety of others. *I accept responsibility for purchasing and maintaining required safety equipment.*

Spectators (patrons on the premises as a result of your involvement in the roller derby) as well as participants must behave in a respectful manner to both person and property. Behavior which could potentially lead to intentional or unintentional bodily injury or injury to property will not be tolerated.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and do so freely and voluntarily without any inducement.

\_\_\_\_\_  
Printed name of athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of athlete