

Spectrum Sports Inc.,  
138 W. Carmel Drive  
Carmel Indiana 46032  
317-587-1503

Information on Participant for Ninjas Edge/ Spectrum Sports Inc.

Name of Participant \_\_\_\_\_ Birthdate \_\_\_\_\_

Address of Participant \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Responsible Party's Names \_\_\_\_\_ Contact # \_\_\_\_\_

Responsible Party's Email \_\_\_\_\_

Notification of Risk and Waiver for Participant at DBA Ninjas Edge/Spectrum Sports Inc.

Any activity that involves motion, rotation and height involves a risk of injury. You can be injured, and these injuries can cause pain and be serious. Some of the injuries may include broken bones, sprains, paralysis and even death.

There are risks YOU ASSUME when you participate and or practice tumbling, cheering, chanting, dancing, hanging, running, balancing on apparatus's or private instruction and any activity that includes but not exclusive to range of motion. You are being notified of the inherent risks and dangers that may exist in participation or practicing and activity at DBA Ninjas Edge and Spectrum Sports Inc.

Following the rules of DBA Ninjas Edge and Spectrum Sports Inc. coaches/instructors that are in place will reduce risks. It is your child's responsibility to follow set rules and guidelines given by the coaches/instructors at the time of participation and or practice. Participants are not to be doing other activities except for what has been instructed by Spectrum Sports Inc. coaches/instructors.

I the responsible party assume all medical expenses connected with an injury that may result from participation and or practice in any activity while at DBA Ninjas Edge and Spectrum Sports Inc.

I hereby voluntarily release, forever discharge, agree to indemnify and hold harmless Spectrum Sports Inc., and or equipment and or facilities including agents, owners, officers, affiliates, volunteers, participants, employees and all other persons in any capacity of DBA Ninjas Edge and Spectrum Sport's Inc. behalf, even if negligence exists.

I certify that I have read and been notified of all risks. I certify that I have discussed all risks with participant about said risks. I certify that I am the legal and responsible adult making decisions on behalf of participant and carry the insurance necessary in case of injury.

Print Name of Responsible Party \_\_\_\_\_ Relationship \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_

Date \_\_\_\_\_