CINCINNATI SPORTS CLUB TEAM ROSTER

Team Name: _____ League: _____
Rep/Coach: _____ Phone: _____
Alternate: _____ Phone: _____

Name (Please Print)	Date of Birth	Phone #	Complete Address Street, City, State, Zip	e-mail address	Signature (Parent/Guardian Signature if Player Under 18)

Release of Liability; Authorization: I acknowledge that use of the services, activities and facilities of the Cincinnati Sports Club (the "Club") carries a risk of serious personal injury or death and that I am voluntarily participating in said services, activities and facilities. As consideration for my being permitted to use the facilities and services and to participate in the activities of the Club, I EXPRESSLY AGREE TO ASSUME ALL RISK OF SERIOUS INJURY OR DEATH and HEREBY RELEASE THE CLUB AND ITS OWNER, THE CINCINNATI SPORTS MALL, INC., its officers, directors, employees, agents, successors and assigns, as well as THE CHRIST HOSPITAL its officers, trustees, employees, agents, successors and assigns (collectively, the "Released Parties") from any and all liability for any injuries, property damage, theft or other loss of whatever nature relating to or in any manner arising out of the use by the undersigned of the Club, its facilities or any part thereof, including, without limitation, such injury, damage, theft or loss resulting from the actions or negligence of any of the Released Parties. Furthermore, I agree to indemnify and hold harmless the Released Parties from any suit or other legal proceeding with respect to the use of the facilities by the undersigned or from any claims resulting from negligence on the part of the Released Parties. I also agree that this Release applies to me and to any family member or guest of mine ("We") and to each and every use We make of the Club. I hereby authorize the Club to contact me by telephone regarding the Club, including soliciting me for membership in the Club. Rev: 5/22/07