HARD KNOCKS, LLC REGISTRATION, RELEASE AND WAIVER OF LIABILITY
(PLEASE READ BEFORE SIGNING)

First Name: _____ Last Name: _____

Mailing address: _____

Zip Code: _____ City: _____ State: _____

Florida Driver's License: _____ Birthday: MM / DD / YY Age: _____

Phone Number: _____ Secondary Phone Number: _____

E-mail Address: _____

User Name First Choice _____ User Name Second Choic _____

In consideration of Hard Knocks, LLC furnishing services and / or equipment to enable me to participate in combat simulation, I agree as follows: I fully understand and acknowledge that; (a) risks and dangers exist in my use of combat simulation equipment and my participation in combat simulation activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of Hard Knocks, LLC and affiliates, suppliers, land owners, or distributors; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of Hard Knocks, LLC or by any other person. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Hard Knocks, LLC and it's owners, or distributors from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of combat simulation equipment or my participation in combat simulation activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of Hard Knocks, LLC. I understand management, in its sole discretion, may terminate my participation at any time if I fail to abide by the rules, terms and conditions of participation. Management also reserves the right to modify or cancel combat simulation activities at any time for any reason.

Print and Sign	Print and Sign	Print and Sign
Printed Name	**Signature**	**Date**

I represent that I am the parent or legal guardian of the above individual and hereby consent to the individual using Hard Knocks, LLC equipment and facility. In consideration for the above individual being allowed to use the Hard Knocks, LLC equipment and facility I agree, personally and on behalf of the individual, to be bound by the terms and condition of this release. I further agree to indemnify, hold harmless and defend Hard Knocks, LLC from and against any loss, damage liability and expense, including costs and attorney's fees, incurred by Hard Knocks, LLC as a result of the above individual using Hard Knocks, LLC equipment and facility.

Print and Sign	Print and Sign	Print and Sign
Printed Name	**Signature**	**Date**

Authorization to play *"M' (mature rated)* games. : Print and Sign **(Initials)**

Administrative Use Only:

User Name:_____ **Membership card:** _____**Employee Initials:** _____