



**RESPONSIBILITY LIABILITY WAIVER**

I, (Coach Name) \_\_\_\_\_, with (Team Name) \_\_\_\_\_ agree and acknowledge that will be engaging in activities/games which may cause an injury. I agree as Coach or My Organization/Company will assume all responsibility for any injury that may occur to my players. I hereby authorize Crossover Athletics Facility coaches/trainers to act on my behalf and to the best of their ability in an emergency requiring medical attention. I or My Organization/Company also will assume personal responsibility for all damages following an injury. I furthermore, agree not to hold Crossover Athletics responsible for any injury which might occur during team participation in any and all activities provided by Crossover Athletics.

X \_\_\_\_\_  
Coach Signature

**TEAM PAYMENT INFORMATION**

Circle one:      Cash      Check      Credit Card      Money Order

Check#: \_\_\_\_\_

CC# (last 4): \_\_\_\_\_

X \_\_\_\_\_  
Staff Signature