

PLEASE PRINT LEGIBLY & COMPLETE ALL FIELDS

Name _____ Email Address _____

Street Address _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (mobile) _____

Emergency Contact (name) _____ Phone _____

Date of Birth _____ Team name _____

PARTICIPATION WAIVER

Player name: _____ I, the undersigned, hereby certify that I am the above-named player and that I am fully aware of and appreciate the risks associated in participating in activities at NH Sportsplex. I further agree on behalf of myself, my heirs and personal representatives, that NH Sportsplex along with coaches, officials, referees, umpires, volunteers, employees, agents, officers, and directors of the organization, shall not be held liable for any personal injury or any other loss or damage whatsoever occurring as a result of participation in any program.

I hereby give consent to NH Sportsplex, to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation.

I certify that I am in good health and may participate in all activities as a player at NH Sportsplex.

I give my consent to be photographed, videotaped, and/or filmed while participating in activities and for the resulting images to be used by NH Sportsplex for teaching, promotional and website purposes.

I hereby verify by my signature below that I have read and fully understand each of the above conditions for participating in activities at NH Sportsplex, and I accept each of the above conditions.

Signature _____ Date _____