



Information & Waiver Form

****PLEASE PRINT LEGIBLY & COMPLETE ALL FIELDS****

Participant Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (mobile) _____

Email Address _____

Participant DOB _____

Team Name _____

PARTICIPATION WAIVER

Player name: _____ I, the undersigned, hereby certify that I this player is under 18 years of age. As a legal guardian I am fully aware of and appreciate the risks associated in participating in activities at NH SportsDome. I further agree on behalf of myself, my heirs and personal representatives, that NH SportsDome, along with coaches, officials, referees, umpires, volunteers, employees, agents, officers, and directors of the organization, shall not be 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 SportsDome, to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of the above-named player's participation. I certify the above-named player is in good health and may participate in all activities as a player at NH SportsDome.

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

As parent of a participant minor, I hereby verify by my signature below that I have read and fully understand each of the above conditions for participation in activities at NH SportsDome, and I accept each of the above conditions.

Participant
Signature _____ Date _____