

Infinity Sports Club
Tournament Waiver Form

Event: Spring Fling Tournament

Date of Event: **May 13th, 2017**

Participant Information:

Name: _____ Date of Birth: _____ Gender: B / G (circle one)

Parents Name: _____ Parents Email: _____@_____. Com

Parents Cell #: _____ Alt. Cell #: _____

Additional Emergency Contacts:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Participation Waiver

I am aware that participation in Infinity Field Hockey or Soccer programs or the use of Field hockey/Soccer equipment creates risk of injury, and I, on behalf of myself and the participant's, knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others; and,

I, for myself and the participant(s) listed above, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, Infinity Sports Club and their affiliates, officers, members, volunteers, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to participation in any and all programs of Infinity Sports Club and/or the use of any field equipment.

Parent/Guardian Signature _____

Print Name _____

Date: _____