

Name of Participant:

In consideration of participating in the activities at MassConn United, LLC. I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.



I fully understand that this activity involves risks of serious bodily injury, which may be caused by my own actions, those of others participating in the event, or the conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue MassConn United LLC., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place from all liability, claims, demands, losses, or damages. I also will follow the rules and regulation set by MassConn United LLC., and above named parties. Parent or guardian must sign for anyone age 18 and under. I do hereby grant and give these groups the right to use my or my child(s) photograph or image with or without my or my child's name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

I have read this release and waiver of liability, assumption of risk, and indemnity agreement, understand that I have given up substantial rights by signing it and have signed it freely without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Please Print

Print Name of Participant: _____

Signed: _____ **Date:** _____

Age of Participant: _____

Parent Name: _____

Parent Signature (if under 18 Yrs. of age): _____

Phone Number: _____

Email Address: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____