

HOMETURF ATHLETIC PARTICIPATION & INSURANCE WAIVER FORM

CLUB OR ORGANIZATION _____ PARTICIPANTS NAME _____

DOB _____ PARENT/GUARDIANS NAME _____

ADDRESS _____ CITY STTE ZIP _____

PHONE (C) _____ (W) _____ (H) _____

E-MAIL(S) _____

We the parents/guardians of (players name) _____ give permission for him/her to participate in the Home Turf facility. We recognize and understand that accidents and injury are an inherent part of the activities that above participant will be associated with and assume all risks and hazards related to participation at Home Turf. We waive, release and absolve any indemnity and agree to hold harmless any and all organizers, supervisors, and parents involved for any claim arising from any injury or damage to any player, property or any other reasons in relation to Home Turf . .

Parent/Guardian Signature _____ Date _____

Player Signature _____ Date _____

Emergency Contact Name and number _____