

Hooksett Youth Athletic Association

Liability Waiver

Please carefully read this form in its entirety.

As a participant in the Hooksett Youth Athletic Association, I recognize and acknowledge there are inherent risks of physical injury, including, without limitation, risk of serious personal injury or death to myself and others and the significant risk of personal property damage or destruction. All of which could occur from my participation in said program. **I fully understand the nature and extent of all these risks.**

For and in consideration of my being permitted to participate in this program, I agree to assume full risk of any injury, damage or loss which I may sustain as a result of participation in this program and any activities in connection with the program.

I hereby agree to waive and relinquish all claims, which I have, or may have against the Hooksett Youth Athletic Association, the Hooksett School District, SAU 15, the Town of Hooksett, its officers, agents, servants, and employees as a result of my participation in this program.

I have read this form in its entirety and I fully understand the nature and purpose of this document.

Participant Name

Date

Participant signature

Date

Parent/Guardian Name

Date

Parent/Guardian signature

Date

Team: _____

Coach: _____