



Child Waiver and Release

Child's Name: _____

Age: _____ Birth date: ____ / ____ / ____

Address: _____

City: _____ ZIP _____

Parent name: _____

Phone #: _____

Email: _____

Emergency contact:

Name: _____

Phone number: _____

Where did you hear about us? _____

I verify that my child is physically fit to play sports for good and valuable consideration, receipt of which is acknowledged. I understand that my child must bring and wear proper equipment during play. I the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Home Field Athletics, its staff, officers, agents, representatives, employees and successors from any and all damages, resulting from injury or property loss/damage which may be sustained or occur during participation in sports activities whether said damages, injury or loss are due to negligence. I, being the legal guardian of the above named child, authorize Home Field Athletics and its agents permission to request medical treatment as necessary to insure the well being of our dependent and agree not to hold any person, company or Home Field Athletics liable for those treatments.

Parent/Guardian Signature

Date