



*A Premier Indoor Multi-Sport Facility*

### Adult Waiver and Release

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency contact:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

I verify that I am physically fit to play sports for good and valuable consideration, receipt of which is acknowledged. I understand that I must bring and wear proper equipment during play. I the under-signed, 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 authorize Home Field Athletics and its agents permission to request medical treatment as necessary to insure my being and agree not to hold any person, company or Home Field Athletics liable for those treatments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TEAM NAME: \_\_\_\_\_