



NV SPORTS

nvsportsevents.com

Player's waiver and release of liability

Please print: Today's date ____/____/____

First Name _____ Last Name _____ D.O.B Mo. ____/Day ____/Yr. ____

Parent or Guardian Name (If player is under 18 yrs) _____ Parent's D.O.B. _____

Address _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone (____) _____

e-mail: _____ Circle one: Male / Female (of participant)

I (parent or guardian if applicable) hereby give my consent and agree to release, indemnify, and hold harmless NV Sports Events and all personnel including referees, staff management, scorekeeper and owners from any claim arising from personal injury or property damage to the named individual. I understand that NV Sports Events does not carry insurance to cover participants in the activity of which I am registered. I understand the hardness of the playing surfaces and dasher-boards, and the roughness of the sport. I grant NV Sports Events the right to photograph or video the players in participation in soccer activities, and to use the photographs or video in future brochures and, or commercials.

GUARANTEE OF COMPLIANCE TO NV SPORTS RULE

In the event of any dispute arising between the undersigned agrees to abide with all NV Sports rules, policies, and Officials. NV Sports reserves the right to impose restrictions and or penalties as a result of noncompliance with rules and policies. Copies of the rules and policies are available at the request of the undersigned in the office of NV Sports Events.

EMERGENCY AUTHORIZATION

I (parent or guardian of the participant, if a minor), do hereby authorize the coaches, assistants, staff or parents of team members to act in capacity of activity supervisors as agents for the undersigned to consent to medical, surgical, or dental examination or treatment, etc... in case of emergency. I hereby authorize treatment and, or care of registered player in any hospital and by medical physician. If there is an emergency and I cannot be reached, please contact the following emergency name and phone number, (family, friend or neighbor).

In case of emergency contact _____ Phone (____) _____

Family Doctor _____ Phone (____) _____

Health Insurance Co. Name _____ Policy# _____

Authorization of Emergency Care, Acknowledgement of Disclaimer, and Guarantee of Compliance of Rules of Las Vegas Sports Park, Inc.

Please read all of the above before you sign

Signature of Player (if 18 or older) _____ Date _____

Signature of Parent (if player is under 18 years) _____