

NetLynx Sports Liability Waiver

I, the undersigned, have adequate insurance and am/are willing to take full financial responsibility for any and all injuries sustained by my son/daughter/legal ward while participating in the camp/clinic, league, tournament activities. I further knowingly and voluntarily waive any and all claims against and forever release the camp/clinic, league, tournament, its employees, Woodside Center and NetLynx Sports.

Name of Participant

First

Last

Street Address

City

State

Zip Code

Emergency Contact

First

Last

Emergency Contact Number

Name of Insurance Carrier

Policy Number

Email of Parent/Guardian

Day Phone

Mobile Phone

My signature below will allow a coach or designated person to admit my son/daughter/legal ward to a medical facility and/or to the care of a physician if conditions warrant such action. First notification will be to the emergency contact listed above.

Parent/Legal Guardian Signature

Date

Print Parent/Legal Guardian Name