



Waiver Form

Age Group: _____

Team Name: _____

Athletes Information

First Name: _____

Last Name: _____

Date of Birth: _____

Parents Names: _____

Home Phone: _____

Cell Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

In enrolling at Omaha Sports Complex, participant understands that he/she attending the programs and using Omaha Sports Complex and the facilities does so at his/her own risk. Omaha Sports Complex and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, He/She does hereby fully and forever release discharged hold harmless Omaha Sports Complex, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Omaha Sports Complex. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Omaha Sports Complex to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Omaha Sports Complex and its assigns to utilize any and all information, photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

Athletes Printed Name

Athletes Signature

Date

Parent or Legal Guardian's Name

Parent or Legal Guardian's Signature

Date

Please fill out if Athlete is under the age of 18 years old.