

The Habitat for Soccer & Sports, Inc.

374 West Street Uxbridge, MA 01569

Ph: 508-278-9888 Fax: 508-278-9111

**HOLD HARMLESS
RELEASE
FOR ALL PARTICIPANTS**

TEAM: _____ SPORT: _____ DIVISION: _____

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E MAIL: _____

DATE OF BIRTH: _____ AGE: _____

Liability Release:

Sports are physical contact activities. I assume all risks and such hazards incidental to such participation, and I hereby release Uxbridge Sports LP (hereafter referred to as The Habitat), its employees and agents from any and all liability arising from injury or injuries sustained by me while participating in Habitat events, leagues, tournaments, clinics and/or camps, parties and rentals. The Habitat assumes no responsibility for any damage to or loss of any personal or team property. I also understand that photographs of events, leagues, camps or clinics may be taken and used by The Habitat for promotional purposes without compensation.

I hereby authorize the directors and employees of The Habitat to obtain medical care for injuries and illness that might affect me or which might occur during the events, leagues, tournaments, clinics, camps. I further direct all medical or hospital facilities to accept this document as authorization to render emergency care to me should it be deemed medically necessary.

PLEASE READ BEFORE SIGNING

(Applicant over 18) Signature - _____ Date: _____

(Applicant under 18) Parent/Guardian Signature - _____ Date: _____