



# Lost Nation Sports Park Roster and Waiver

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

Division: \_\_\_\_\_

Team Contact: \_\_\_\_\_

\*\*\*18 and over participants are able to sign on own all others must have legal guardian sign...

	<u>Player's Name</u>		<u>Address</u>	<u>City</u>	<u>Zip</u>	<u>Phone</u>	<u>Players DOB</u>	<u>Email</u>
	<u>Last Name</u>	<u>First Name</u>						
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\*Waiver on reverse side...All players must sign before participating at LNSP

I, the undersigned parent/guardian/participant, in enrolling at Lost Nation Sports Park (LNSP), understand that he/she/I, in attending any program and using the facilities, does/do so at his/her/my own risk. LNSP and its owners, employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I does/do hereby fully and forever release, discharge, and hold harmless LNSP, all associated facilities, and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or arising out of any person's participation in any programs or use of its facilities. In addition, he/she/I agree(s) to follow the rules of play and conduct set by LNSP. He/She/I understand(s) that failure to do so may result in suspension from participation.

I also give permission for the free use of my child's/ward's name, picture, and/or likeness in any article, broadcast or other account of the league, including but not limited to, promotion of future events or other promotional use.

I, the undersigned parent of/guardian of/participant do hereby grant authority to the staff of Lost Nation Sports Park to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

<b><i>Player/Legal Guardian Signature</i></b>
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