



INSURANCE WAIVER

PERSONAL INFORMATION

Participant Name: _____ Phone: _____

Address: _____

Emergency Contact Person: _____

Emergency #: _____ Relationship to contact: _____

Town you reside in: _____ Email: _____

- In case of injury, I authorize the staff of Athletic Haven to render first aid to the individual on this waiver.
- I understand that I am required to have accidental medical coverage for the adult or child listed on this waiver and that I am responsible for all charges and fees incurred in any rendering of treatment.
- I authorize the Athletic Haven staff to act for me in case of an emergency and waive and release Athletic Haven from any and all liability for any and all injuries occurred while participating in any of their programs including camps, clinics, travel teams, etc.
- I understand that at the discretion of the Athletic Haven staff that the individual on this waiver can be dismissed from any program at any time without refund for inappropriate behavior.
- I give permission to Athletic Haven to use, any photographs or videos taken during the course of this program for Athletic Haven purposes.

I, the undersigned understand the injury risks associated with the Athletic Haven program that (myself / my child) is voluntarily participating in. With this understanding, I release any representatives of Athletic Haven from all liability for accidental injury, or illness which may result from this participation.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in this program.

I verify that all the information provided on this form is accurate and true.

Participant Signature

Parent / Guardian Signature