



# Omaha Sports Complex League Liability Waiver

Sport:  League Age Group:

Team Name:

Athlete's Information:

First Name:  Last Name:

Address:

City:  State:  Zip:

Email Address:

Phone: Cell:  Home:  Work:

Date of Birth:

Parents or Guardians: ,

How did you here of us?:

Legal Waiver Signed: Yes/No (office use)

**Submit this form, Print, Sign and Date the Confirmation Page then return it to the Omaha Sports Complex.**

By signing this waiver you understand that any participants attending the programs and using the facilities located at 14706 Giles Rd herein referred to as "The Omaha Sports Complex" does so at his/her own risk. The 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 "The Omaha Sports Complex", all associated facilities and its owners, 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 "The 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 "The 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 "The Omaha Sports Complex" and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films

<input type="text"/>	<input type="text"/>	<input type="text"/>
Athletes Printed Name	Athletes Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent or Legal Guardian's Name	Parent or Legal Guardian's Signature	Date

**Please Fill out if Athlete is under the age of 18 yrs.**