

# 2018 ShopRite Nutmeg State Games- ATHLETE WAIVER FORM



Athlete Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # : \_\_\_\_\_

### Release of Liability Waiver, Pledge and Consent Form

In consideration of being allowed to participate in any way with the Connecticut Sports Management Group, Inc., (hereby referred to as: CSMG), its related events and activities i.e. (Nutmeg State Games, CT Masters Games, Football Showcase, Weight Lifting Competition etc.),

I, (Print Name) \_\_\_\_\_ the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment , and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the CSMG immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS CSMG, Inc, their officers, officials , agents and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessor's of premises used or the activity ("Releasees") WITH REPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and,
5. I declare that to the best of my knowledge, I am in good physical condition and have no disease or injury that would be aggravated by my participation in activities related to the CSMG, Inc. (Nutmeg State Games, CT Masters Games etc.), its related events and activities; and,
6. I, also, declare on my honor that I am an amateur and fulfill the conditions stipulated by the CSMG, Inc. (Nutmeg State Games, CT Masters Games etc.), and all of its related events and activities. I will compete in the Games, keep myself in top physical condition and retain my amateur status; and
7. I hereby consent to allow my picture or likeness to appear on web and social media pages as well as promotional materials related to the "Games". I hereby also consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the Nutmeg State Games in any manner incidental to my participation in the Nutmeg State Games and without compensation to me; and
8. I declare that I have personal medical coverage and that I have read all of the above and understand the release and waiver, and by signing it agree to all its items.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**PARTICIPANTS SIGNATURE \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_**

### **FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant do consent and agree to his/her release as provided above of all the Releasee's, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasee's from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE SIGNED