2022 ShopRite Nutmeg State Games-TEAM SPORT ATHLETE WAIVER FORM

TEAM NAME:	SPORT:	DIVISION:	HELPING GOOD KIDS Skapitive
Athlete Name:		Gender: 🗆	M of STATE
	T-Shirt Size: (Youth) L XL (Adult) S M L XL		ALLEY GOOD CHOICES C
Street Address:	City:	State:	Zip:
	Email:		
Emergency Contact:	Phone	#:	
	he ShopRite Nutmeg State Games? (Circle Best) er Postcard Poster Previous Participant Rad	io Web Search Other:	
I, (Print Name) I, (Print Name	n the stated and customary terms and conditions for participal ation, I will remove myself from participation and bring such to my heirs, assigns, personal representatives and next of kin, HE ents and/or employees, volunteers, other participants, sponsows used or the activity ("Releasees") WITH REPECT TO ANY ANI with my presence or participation WHETHER ARISING FROM T	ent Group, Inc., (hereby referreding Competition etc.), cknowledge, appreciate, and agential for permanent paralysis injury does exist; and, ISING FROM THE NEGLIGENCE tion. If, however, I observe at to the attention of the CSMG REBY RELEASE, INDEMNIFY, A pring agencies, sponsors, adver D ALL INJURY, DISABILITY, DEATHE NEGLIGENCE OF THE RELE ase or injury that would be agented events and activities; and CSMG, Inc. (Nutmeg State Gathysical condition and retain in the swell as promotional material consor advertisement or exclusions and without compensating out of, contributed to, by, or y syndrome coronavirus 2 (SAR: (face covering) as required performing it agree to all of its ite itor at location, and in acknown, hold harmless and indemning, demands, damages and cay have against them for, on accorded below. JLLY UNDERSTAND ITS TER	gree that: s and death, and while E OF THE RELEASEES or other my unusual significant hazard immediately; and, AND HOLD HARMLESS CSMG ertisers, and, if applicable, ATH, or loss or damage to EASEES OR OTHERWISE, to gravated by my participation l, mes, CT Masters Games etc my amateur status; and ls related to the "Games". Lusive television coverage of ation to me; and r resulting from: an outbreak of S-CoV-2)", which is responsible facility or State mandate. ms. wledging that I am aware of ify Connecticut Sports nuses of action of any nature ecount of, or by reason of my RMS, UNDERSTAND THAT I
PARTICIPANTS SIGNATURE		AGE:DATE:	
REQUIRED FOR PARENTS/GU	ARDIANS OF PARTICIPANTS OF ATHLETES UNDER 18		
Releasee's, and, for myself, my ch	guardian with legal responsibility for this participant do consent a nild and our heirs, assigns, and next of kin, I release and agree to Id's involvement or participation in these programs as provided ab permitted by law.	indemnify and hold harmless t	the Releasee's from any and a
PARENT/GUARDIAN'S SIGN	ATURE PRINT	Т NAME	DATE SIGNED