



PARTICIPANT WAIVER FORM

PLEASE PRINT CLEARLY

Participant Name: _____ Date of Birth: _____

Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone #: _____ Secondary #: _____

If Participant is UNDER 18 Years of Age

Parent/Guardian's Name: _____

Address (if different): _____

City/State/Zip (if different): _____

Phone: (if different): _____

Emergency Contact Person: _____ Phone: _____

HOLD HARMLESS RELEASE FORM

In consideration of being allowed to enter into and use Uxbridge Sports, LP – 'THE HAB's facility, and to participate in any of THE HAB's programs, related events and activities, the undersigned acknowledges, appreciates and agrees 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 rules, equipment, and personal discipline may reduce this risk of serious injury does exist and,*
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, 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 nearest official immediately; and,*
- 4. I further acknowledge and agree that in choosing to enter into and use THE HAB's facility, and engage in the activities, I recognize and accept that because the HAB's facility is open for use by many other individuals, I am at a higher risk of exposure to and/or contracting COVID-19 or other diseases such as influenza or Legionnaires Disease; and,*
- 5. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for all such risks; and,*
- 6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the HAB/Uxbridge Sports LP and any or all affiliated or subsidiary entities, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR loss or damage to person or property; and,*
- 7. In the event that a claim is brought by Participant or Releasee against the other, the defendant shall be able to recover reasonable attorneys' fees if incurred in successfully defending against such claim.*

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

I also,

Understand that THE HAB regularly takes pictures/videos during programs that are used for promotional purposes and give permission to THE HAB to use these pictures/videos without compensation.

PARTICIPANT (over 18): _____ **DATE:** _____

FOR PARTICIPANTS of MINORITY AGE (Under 18)

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 Releasees, and for myself, my heirs, assigns, and next to kin, I release and agree to indemnify an hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.