



## M/CU Training Center Liability/Release Form

**Name of Participant(s):**

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In consideration of participating in activities at MassConn United, LLC, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in activity.

I fully understand that this activity involves risks of serious bodily injury, which may be caused by my own actions, those of others participating in the event, or the conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I here-by release, discharge, and covenant not to sue MassConn United LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsor, advertisers, and if applicable, owners and lessors of premises on which the activity takes place from all liability, claims, demands, losses, or damages. I also will follow the rules and regulation set by MassConn United LLC, and above named parties. Parents/Guardians must sign for anyone age 18 and under. I do here-by grant and give these groups the right to use my or my child(s) photograph or Image with or without my child's name, both singly and in conjunction with other persons, or objects and presentations, advertising, publicity, and promoting relating thereto.

I have read this release and waiver of liability, assumptions of risk, and indemnity agreement, understand that I have given up substantial rights by signing it and have signed it freely without any inducement or assurance of nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Please Print

Signed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age of Participant: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Town; \_\_\_\_\_