



Boston Bolts Tournament Series | Waiver/Refund Agreement

1. PERMISSION FOR EMERGENCY TREATMENT: I hereby grant permission to Boston Bolts, including its affiliates and employees, to secure proper treatment for my child in case of a surgical or medical emergency, including hospitalization, provided, he or she is unable to communicate, and when delay might endanger the life or health of my child. I give permission for my child to receive emergency treatment and understand that every attempt will be made to contact the emergency contact.

2. PERMISSION TO PARTICIPATE: I individually and as the legal guardian, do hereby give my permission for my child to participate in the Boston Bolts Tournament Series, and use the facilities in connection with the event. In consideration of my child's enrollment in the event, I agree to indemnify and hold harmless Boston Bolts, and all its affiliates, trustees, officers, agents and employees as well as holding them harmless from all claims, liability, loss and damage and expense which may in any way arise from my child's participation in the event, including with limitation, all claims which my child, or legal guardian may have for personal injuries to other person which are caused by my child. To the best of my knowledge and belief, my child is of sound health and I know of no reason why they cannot participate in the event.

3. RELEASE: I understand the nature of event activities, certify that my child is able to participate in the program and grant permission for said participation. On behalf of myself, my child, and our assigns, executors and heirs, I hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless Boston Bolts, and all its affiliates, trustees, officers, agents and employees from any and all liability, damage, and claims of any nature arising from or in any way related to my child's participation in this program.

4. PHOTO/MEDIA RELEASE: I hereby authorize for Boston Bolts to publish without any compensation whatsoever any such photographs of my child in print and or electronic formats with or without my child's respective name(s), including but not limited to social media content, club newsletters, advertising, web and other content.

I, THE UNDERSIGNED, ON BEHALF OF MYSELF AND MY PARTICIPATING CHILDREN OR GUARDIANS, HAVE READ THIS PARTICIPANT AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

TEAM INFORMATION:

Club Name		Age	U
Team Name		Gender	
Tournament Name		State	
Head Coach Printed Name		Team Contact/ Manager Printed Name	
Head Coach Signature		Team Contact/ Manager Signature	

Coaches' Certification

By signing above, in addition to agreeing to be bound by this Participant Agreement, I certify that each person that will be participating in the Activities to which this Participant Agreement applies, or if applicable their parent or guardian, has been provided with a copy of this Participant Agreement and has signed below agreeing to be bound by its terms. I agree to indemnify and hold harmless the Released Parties from any Losses as a result of the failure of this Certification to be true.

Please use the following form to list all players, coaches, and team officials.
A signature is required for all persons listed. Please use a second form if more space is needed

	Participant's Printed Name	Indicate 'Player' 'Coach' or 'Team Official' cond	Jersey # (if Player)	Participant's Signature (Parent/Guardian if under 18 years old)	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

21					
22					
G 1*					
G 2*					
G 3*					
G 4*					
G 5*					

*Indicates a guest player