

Facility Waiver



Sports Network and Fitness, Inc.
8320 Quarry Road, Manassas, Virginia 20110
703-335-1555

Team Name: _____

League: _____

FOR SNF STAFF USE ONLY

- Entered Into EZFacility
- Checked off Waiver
- Taken Picture
- Member ID _____
- Paid for Card
- Received Card

Staff Initials _____

First Name: _____ Last Name: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____ Birthdate: _____

Address: _____

City: _____ STATE: _____ ZIP: _____

Categories: Youth Soccer Adult Soccer Flag Football Futsal
 Turf Tots Volleyball Rock Climbing Other

Registration Agreement, Waiver and Release of Liability

By enrolling at SNF, I understand that attending the programs and using SNF and the facilities is at my own risk. SNF and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by my participation with my family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs or activities on the premises, I hereby fully and forever release discharged hold harmless SNF, its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, I agree to follow the rules of conduct as stated below and play set by SNF. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at SNF to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize SNF and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films. If registering as an individual, I give SNF permission to share my contact information with team captains and managers in order to facilitate my placement with a team.

Signature

Date

Parent/Guardian Signature
(Completed if participant is under 18 Years of Age)

Date

- | | |
|--|--|
| √ Play At Your Own Risk | √ Flat Non-Marking Shoes On Hard Court |
| √ You Must Pay Before You Play | √ Shirts Must Be Worn At All Times |
| √ Absolutely No Alcohol Prior To Playing | √ No Ball Kicking Except in Playing Fields |
| √ Use Bathroom Lockers For Changing | √ No Fighting, Spitting or Foul Language |
| √ No Cleats Allowed | √ No Outside Food Into Facility |
| √ No Gum Anywhere Permitted | √ Dispose Of Your Trash In Receptacles |