

Tryout No. _____

NOAH Liability Release

Name _____

Birth Date _____ Age _____ Participant's Cell # _____

Participant's email address _____

Father's or Legal Guardian's Name _____

Mother's or Legal Guardian's Name _____

Address _____ City _____

State _____ ZIP _____ Home Phone # _____

Father's Cell # _____ Father's Email: _____

Mother's Cell # _____ Mother's Email: _____

I am the parent or legal guardian of _____ (*the Registrant*),
(*Participant's name*)

who is a minor child. The Registrant has my permission to participate in all NOAH sponsored and/or endorsed activities. I represent that he or she is in good physical health and has no known physical impairments or physical defects that would increase his or her risk of injury*. Additionally, recognizing the risks of physical injury that are inherent in athletics and in consideration for NOAH accepting the registrant for its athletic programs and activities (*the "Programs"*), I hereby release, discharge and/or otherwise indemnify NOAH, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

If the registrant has past history of known medical problems, they must obtain a medical release from a physician before participating in NOAH sponsored athletic programs and activities.

Name of Parent or Legal Guardian _____

Signature _____ Date _____