



*Release of Liability and Waiver Form*  
**COHASSET SPORTS COMPLEX**

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Caregivers' names: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

**Cohasset Sports Complex** is taking measures to reduce the risk of the spread of the COVID-19 virus, in compliance with federal, state and local guidelines. We respectfully request that all of our patrons and guests take similar measures to avoid exposing other patrons and guests to the spread of the COVID-19 virus, including by wearing a mask as appropriate, limiting physical contact with others, and minimizing the time you spend inside our facilities as much as possible. If you have the COVID-19 virus or you have any symptoms of the COVID-19 virus, we respectfully request that you do not enter our facilities or the surrounding premises at this time. By entering our facilities and/or the surrounding premises, you acknowledge and understand that, despite our efforts to reduce the spread of the COVID-19 virus, you and those for whom you are a guardian have the potential to be exposed to others with the virus and/or to contract the virus as a result of your participation in activities on our premises, including merely entering our facilities where other persons have visited. To that end, you agree and understand that there are dangers inherent to being in a public setting caused by the COVID-19 pandemic, and you expressly understand that your participation in such activities, and even your presence in our facilities, may expose you to the risk of acquiring the COVID-19 virus. By entering our premises, you and those for whom you are a guardian hereby assume the risk of any exposure to the COVID-19 virus in our facilities and our surrounding premises, including but not limited to the risk of illness and death that has been associated with the COVID-19 virus, and you agree to waive and hold us harmless for any claims of injury, illness or death stemming from the COVID-19 pandemic.

For me, and on behalf of my child, recognize and acknowledge the possibility of physical injury associated with sports and physical activities. To that end, I hereby release and discharge, for me and on behalf of my child/children, and I otherwise agree to indemnify and hold harmless anyone associated with CSC for all liability, including but not limited to any medical or dental expenses, incurred as a result of participation in CSC activities or programs, or the use of any CSC facilities. I hereby acknowledge and agree that CSC, including its staff, coaches, referees, agents and/or representatives, shall not be held responsible for any injury sustained by me or my child/children, or any related participant, or spectator, in connection with any such activities or programs.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_