



# All Sport NJ



## Customer Waiver Adults

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

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

D.O.B.: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Emergency Contact :

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

Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Please list all medical conditions we should be aware of: \_\_\_\_\_

Subscribe to All Sport NJ mailings and e-mail promotions:

Yes No



### Waiver Form: (Please Sign)

I hereby authorize the staff of All Sport NJ to act for me in according to their best judgment in any emergency requiring any medical attention for me, In consideration of acceptance , I hereby for myself, my child, their heirs, executors, and administrators hold harmless, waive and release any claim we may have for damages against the above mentioned organizations, camp operators, their officials, officers, employers, or representatives or their successors and assigns for any and all injuries that may be suffered.

I certify that I am over the age of 18 years. I also agree that any photos taken of me while participating in this activity can be used for marketing and promotional purposes. I attest that I am in sound condition to participate in all activities.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

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