



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 accordance 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.

Date: _____

Signature

All Sport NJ
(732) 216-1669
info@allsportnj.com
www.allsportnj.com