



COHASSET SPORTS COMPLEX

RELEASE OF LIABILITY AND WAIVER FORM

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Name: _____ Age: _____ DOB: _____ Grade: _____

Address: _____ Town: _____

Zip Code: _____ Home Phone: () _____

Cell Phone: () _____ Work Phone: () _____

Parents' names: _____ Insurance Company: _____

E-Mail: _____ Emergency Contact: _____

I certify that I have read and will comply and insure my child complies with all Cohasset Sports Complex policies, rules, and regulations. My child and I further agree to indemnify and hold harmless anyone associated with Cohasset Sports Complex, its staff and/or representatives cannot be held responsible for any injury sustained to my child during a Cohasset Sports Complex event.

Parent / Guardian Signature: _____ Date: _____