



FAA ONLY	
Paid:	_____
Check #:	_____
Initials:	_____

Over 30 Basketball Sign up Form 2016.

PO Box 106, Fremont NH 03044

www.fremontathleticassociation.org

president@fremontathleticassociation.org

Registration Fee: \$35.00, make checks out to FAA (Fremont Athletic Association)

Player Information

Name _____ DOB _____|_____|_____

Phone: Home _____ Cell _____

Address _____

Email (Please) _____



Release and Waiver of Liability and Indemnity Agreement.

I SHALL RELEASE, WAIVE DISCHARGE AND CONVENANT NOT TO SUE the Town of Fremont, the Fremont Athletics Association/Recreation Commission, their agent and employees from all liability for any and all loss or damage, and any claim or demands therefore because of injury to the person or property or resulting in death of the named participant except in the case of gross or willful wanton negligence of the Town of Fremont, the Fremont Athletic Association/recreation Commission, its agents and employee or otherwise while the named participant participates in the above mentioned activity.

I Further agree to indemnify the town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents and employees from any and all liability, loss, or damage including but not limited to bodily injury, illness, death or property damage that the Town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents and employees become legally obligated to pay including reasonable attorney's fees and costs as a result of claims, demands, costs or judgments, against the Town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents and employees on account of injury to the person or property or resulting in the death of the named participant except in the case of gross or willful wanton negligence of the town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents or employees and whether or not such liability is sole, joint or several. I am aware that participation in this program may present a strain on my body or its parts and therefore I represent to the Town of Fremont, the Fremont Athletic Association/Recreation Commission that to the best of my knowledge, I am in proper physical condition to allow me to participate and I assume the risk of participating.

Signature of Participant

Date