



Net Edge Training



REGISTRATION

Participants Name _____

Age _____ D.O.B. _____

Address _____

City _____

State _____ Zip Code _____

Parent/Guardian _____

Home Phone _____

Cell Phone _____

Emergency Phone _____

Date and Time _____

* Series Name/Location _____

E-Mail Address _____

Get The Edge!

Send this completed form with check payable to
Net Edge Training to:
11 Willard Pl. Morristown, NJ 07960

2008 Striker/Keeper Series

\$245.00

- Questions call 973-476-0611 or 973-292-5208

www.NetEdgeTraining.com

Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS -- READ BEFORE SIGNING

1. The risk of injury to my child from the activities involved in these programs is significant, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation.
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation.
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE owners and instructors of Net Edge Training, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the training ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
6. I understand and accept that pictures/videos taken at clinics, training and camps may be used for promotional purposes.
7. I grant permission for my child to receive emergency medical treatment. I also assume full financial responsibility for any medical treatment for my child.
8. Net Edge reserves the right to cancel for any reason, if we cancel all registration fees will be refunded.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Parent or legal Guardian _____ **Date** _____

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Signature of Participant _____ **Date** _____

Signature of Witness _____ **Date** _____