



## 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 herby 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 herby 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: \_\_\_\_\_

**All Sport NJ**  
10 Pearl St  
Long Branch, NJ 07740  
(732) 216-1669  
info@allsportnj.com  
[www.allsportnj.com](http://www.allsportnj.com)



Waiver of Liability Form Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 The novel coronavirus (“COVID-19”) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. All Sport NJ has put in place preventative measures to reduce the spread of COVID-19; however, cannot guarantee that you will not become infected with COVID-19. Further, attending any program or activity at All Sport NJ could increase your risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while at All Sport NJ and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at All Sport NJ may result from the actions, omissions, or negligence of myself and others, including, but not limited to, All Sport NJ employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself/child (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at All Sport NJ or (“Claims”). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless All Sport NJ, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of All Sport NJ, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending any All Sport NJ program or activity.

Participant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant’s Printed Name Age (Please print legibly) \_\_\_\_\_

