



# NATIONAL SPORTS CENTER

This waiver applies to all events held at and/or organized by the National Sports Center (NSC), Blaine, MN  
1/1/2010 - 12/31/2010

## Liability Waiver

### The undersigned hereby,

- Agrees that prior to participating, if present, I will inspect the facilities and equipment. If I believe anything to be unsafe, I will immediately advise my coach or supervisor of such conditions.
- Acknowledges and fully understands that I am voluntarily participating in activities that involve risk of injury, including catastrophic injury, or death, which might result not only from own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, the conditions of the premises, or any of the equipment used. This includes any risks not reasonably foreseeable to the NSC.
- Assumes all the foregoing risks as a condition of participation and accepts personal responsibility for the damages following any such injury.
- Unconditionally releases, waives, and consents not to sue the National Sports Center Foundation (NSCF), officers, directors, administrators, agents, coaches, other employees, and volunteers of the NSCF, sponsoring agencies, sponsors, advertisers, Minnesota Youth Athletic Associations, Minnesota Amateur Sports Commission, and State of Minnesota, for any and all liability to the undersigned, their heirs and next of kin. This is for any claims or losses on account of injury, including death, or damage to property, while participating in any and all of the NSC's official or unofficial activities, events, or competitions.
- Accepts responsibility for all medical expenses incurred whether or not covered by insurance. In case of emergency, accident or illness, authorizes ambulance transport to the hospital. Authorizes physicians, athletic trainers, technicians, first aid personnel, nurses and dentists to perform any diagnostic, treatment or operative procedures and x-rays. No guarantee has been given as to the results of examination or treatment. Accepts total responsibility for any and all medical costs.
- Accepts responsibility for the decision to continue participation if suffering from injuries.
- Gives permission for medical data to be used anonymously in medical education and published studies of injury statistics and analysis. Consent to use, without compensation, my picture, name, voice or likeness for promotional, television, radio, or film coverage of NSC events.

**I have read and agree to the terms of the NSC Liability Waiver.**

**Participant Name** \_\_\_\_\_ **Participant Signature** \_\_\_\_\_  
Print

**Parent/Guardian Signature** \_\_\_\_\_  
Youth Participants Only

**Program** \_\_\_\_\_ **Date** \_\_\_\_\_