



NOVA UNITED SENIOR WOMEN'S BASKETBALL ASSOCIATION

Membership & Liability Waiver

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Do you want your contact information added to the NOVA United directory and email list? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

*In consideration of being allowed to participate in the NOVA United Senior Women's Basketball Association (NOVA United) sports program, and related events and activities, I for my heirs, executors, administrators, waive and release any and all claims of personal damages I may have against the members, players, directors, organizers and sponsors of the association. I attest and verify that I am physically fit to compete safely in activities sponsored by NOVA United. Participants are advised to carry their own health insurance while participating in NOVA United events.*

*I agree to conduct myself in a sportsmanlike manner and follow the rules established by NOVA United.*

*I give permission for the use of my name and picture in any broadcast, release or print media accounting NOVA United related activities.*

I have read the above waiver and release and agree to abide by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please return this form to your Age Group Coordinator or any NOVA United officer.

Dues paid: Amount \_\_\_\_\_ Date: \_\_\_\_\_