



St. Anthony's Community Center

Release Waiver

**Participants:**

With my signature below, I hereby waive any claims against the St. Anthony's School, its agents or employees for any injuries, which might be sustained in connection with this program. I understand that there is no medical coverage provided with this program. I will assume all responsibility for any medical payments that I may incur if I am injured during the course of play. Furthermore, I agree to abide by all of the rules and regulations set forth in this program and will conduct myself in a sportsman-like manner.

	PRINT NAME	SIGNATURE <small>All players must sign before play</small>	ADDRESS	CITY/ZIP	PHONE
1.					
2.					
3.					
4.					
5.					
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10.					