



You are invited to
a birthday party at
**Mass Conn Training
Facility**

153 Springfield Street
Agawam, MA 01001

FOR _____

DATE _____ TIME _____

RSVP _____ BY _____

If you love our parties, you will love our camps
and clinics! Visit our website to view our facility
and see pictures of our athletes in action! Give
us your email the day of the party or contact us
about joining one of our sports programs!

Release Form

Please bring to the party!

Parent's signature and liability
waiver must be signed before
participating in any activities!



In consideration of participating in the activities at Mass Conn Training Facility, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that this activity involves risks of serious bodily injury, which may be caused by my own actions, those of others participating in the event, or the conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Mass Conn Training Facility, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place from all liability, claims, demands, losses, or damages. I also will follow the rules and regulation set by Mass Conn Training Facility, and above named parties. Parent or guardian must sign for anyone age 18 and under. I do hereby grant and give these groups the right to use my or my child(s) photograph or image with or without my or my child's name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

I have read this release and waiver of liability, assumption of risk, and indemnity agreement, understand that I have given up substantial rights by signing it and have signed it freely without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

PARENT'S NAME _____

CHILD'S NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

CELL PHONE # _____

SIGNATURE _____ DATE _____