2023
National Sports Center Foundation
Independent Contractor/Waiver Form

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Work Phone _____

E-mail _____

Date of Birth ____/____/____ Current Age (as of the signing of this form) _____

Documentation of Age:	Please attach a proof of age: birth certificate, drivers license, passport, approved ID for minors
Social Security Number:	Please attach an IRS W-9 form to this document or add Social Security number in pay system

Please **Initial ALL** statements:

_____ I am NOT a full or part time employee of the National Sports Center Foundation

_____ I am an independent contractor and offer my services only when I am available.

_____ I am an independent contractor and offer my services to organizations other than the National Sports Center Foundation

_____ I certify that I have completed a concuission training and education program.

_____ For youth competitions, I certify that I am in compliance with my governing body's specified child protection program.

I understand that the National Sports Center Foundation does NOT provide me with any form of medical, liability, or worker's compensation insurance coverage I unconditionally release, waive, and consent 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 & all liability to the undersigned, their heirs & next of kin. This is for any claims or losses on account of injury, including death, or damage to property, while participating in any & all of the NSC's official or unofficial activities, events, or competitions.

_____ _____

Signature Date

_____ _____

Signature of Parent/Guardian *(if under 18 yrs)* Date

2023	Age Document	Exemption Form	W-9		Off'l Reg Check	Referee Office Date	HR/Admin Date
	For Office Use ONLY						