R33M Dodgeball Waiver Form



May 18th, 2019

This must be completed and brought to Tournament check-in. Player will not be allowed to play without this completed in full.

PARTICIPANTS NAME:			AGE:
ADDRESS:			
CITY:	STATE:		_ZIP:
PHONE:	_EMAIL:		
EMERGENCY CONTACT:	EN	EMERGENCY PHONE:	
WAIVER AND RELEASE OF ALL CLAID. Please read this information carefully and be aware to you will be expressively assuming the risk and legal damages or loss which you or your minor child might connected with this program/ activity.	hat in signing u liability and wa	p and partici	pating in this program/activity, easing all claims for injuries,
I recognize and acknowledge that there are certain risks of physical injury to participants in this program/ activity, and I voluntarily agree to assume the full risk of any injuries, damages, or loss, regardless of the program/ activity, that my minor child or I may sustain as a result of participating in any and all activities connected with or associated with this program/activity. I further agree to waive and relinquish all claims my minor child or I may have (or accrue to me or my child) as a result of participating in this program/activity for The Ross K. MacNeill Foundation, R33M, including their officials, agents, affiliates, volunteers, employees, and sponsors.			
I do hereby fully release and forever discharge The Ross K. MacNeill Foundation, R33M, including their officials, agents, affiliates, volunteers, employees, and sponsors and anyone else acting on their behalf, all claims for injuries, damages or loss that this participant or I may have, or which may accrue to me or my minor child and arising out of, connected with, or in any way associated with this program/ activity.			
PRINT NAME (Parent if under 18):/ SIGNATURE (Parent if under 18): DATED:/	<u>/</u>		