

DODGEBALL TOURNAMENT

WAIVER FORM

TOURNAMENT DATE: March 11th, 2018

PARTICIPANTS NAME: _____ AGE: _____

TEAM NAME: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

EMERGENCY PHONE NUMBER: _____

*****WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISKS*****

Please read this information carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of the severity, that my minor child/ward 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/ward or I may have (or accrue to me or my child/ward) as a result of participating in this program/activity against Dallas Pugh Foundation and their members, advisors, volunteers, sponsors and administrators.

I do hereby fully release and forever discharge Dallas Pugh Foundation and their members, advisors, volunteers, sponsors and administrators from any and all claims for injuries, damages or loss that my minor child/ward or I may have, or which may accrue to me or my minor child/ward and arising out of, connecting with, or in any way associated with this program/activity.

SIGNATURE OF PARTICIPANT

/ /

DATE

PARENT/GUARDIAN'S NAME (PLEASE PRINT)

/ /

DATE

SIGNATURE OF PARENT/GUARDIAN

/ /

DATE