

# HMTCA Dodgeball Tournament Registration and Waiver Form

All registration forms and fees (cash only!) must be submitted to Mrs. Casparino, Room 272 by March 31<sup>st</sup>. Tournament will be held on Friday, April 21<sup>st</sup>.

**Must be 11 years old or older to play. \$5 per player. ONLY Students, Parents and Teachers from HMTCA can compete on teams.**

Team Name: \_\_\_\_\_

Player 1: \_\_\_\_\_ Player 2: \_\_\_\_\_

Player 3: \_\_\_\_\_ Player 4: \_\_\_\_\_

Player 5: \_\_\_\_\_



PARTICIPANT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

## 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 expressively assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child might sustain as a result of participating in any and all activities connected with this program/activity.

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/ 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 at HMTCA, including their officials, agents, affiliates, volunteers, employees, and sponsors. I do hereby fully release and forever discharge HMTCA, including their officials, agents, affiliates, volunteers, employees, and sponsors, 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, connected with, or in any way associated with this program / activity.

PARTICIPANT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(if student under 18)