



# Waiver

Tournament: \_\_\_\_\_ Date: \_\_\_\_\_

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*First Last*

Address \_\_\_\_\_  
*Street City St Zip*

Phone \_\_\_\_\_ Phone-2 /text \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I certify that I am physically fit and have trained for competition, and that my physical condition has been verified by a licensed medical doctor. I agree to assume all responsibility for all risk, damage or injury that may occur to me as a participant. I release and discharge, for myself, my heirs, executors, and administrators, the organizers, the facility, its members, employees and sponsors, and all persons associated with the tournament from all claims, damages, rights of action present or future which may arise in connection with my participation in the tournament.

<i>Participant Signature</i>	<i>Date</i>
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**SIGN HERE** →