



Council on Adolescents 1st Annual
Dodge for a Cause
Waiver Form

Each team member must complete a waiver. Team captain will submit all waivers at check-in on tournament date, April 25th

PARTICIPANTS 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 the dodgeball tournament, you will be expressively assuming the risk and legal liability; thus 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 activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this dodgeball tournament. 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 with the Council on Adolescents of Catawba County, including their officials, affiliates, volunteers, employees, and sponsors.

I do hereby fully release and forever discharge the Council on Adolescents of Catawba County, including their officials, affiliates, volunteers, employees, and sponsors and all claims for injuries, damages, or loss that my minor child 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. By signing below, I agree to the above.

PRINT NAME (parent if under 18): _____

SIGNATURE (parent if under 18): _____ DATE: _____