## BEMIS BOWL 2023

## RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

## **READ BEFORE SIGNING**

	CONSIDERATION OFay in <b>TEAM BEMIS</b> related events and activities, the unders	, my child, being allowed to participate ir igned acknowledges, appreciates, and agrees that:	ı any in
١.	The risk of injury to my child from the activities involved in nent disability and death, and while particular rules, equip serious injury does exist; and,		
2.	I FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY A known, EVEN IF ARISING FROM THE NEGLIGENCE OF my child's participation; and,	·	
3.	I willingly agree to comply with the program's stated and cunusual significant concern in my child's readiness for particle participation and bring such attention of the nearest of	rticipation and/or in the program itself, I will remove my c	
1.	I for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS <b>TEAM BEMISand NDP</b> it's directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessons of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law.		
5.	I, for myself, my child's, and on behalf of my/our heirs, ass DEMNIFY AND HOLD HARMLESS all the above Release or participation in these programs, EVEN IF ARISING FRO	ees from any and all liabilities incident to my child's involv	/ement
HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.			
PA	ARENT/GUARDIAN NAME ( <u>PLEASE</u> PRINT)	PARENT/GUARDIAN SIGNATURE	
ΞM	MERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE	

DATE SIGNED: