

Participation Waiver: PNWSI Cornhole Tournament 2024

I warrant that my child or I is in good physical and emotional health, and they are prepared and able to physically and emotionally participate in the activities for which they are registering. I understand participation requires good physical conditioning and recognize there is a substantial risk of injury in strenuous athletic activity. I knowingly and voluntarily assume that risk on behalf of myself or child. I understand there is no medical or other insurance provided for myself or child by any of the mentioned entities to cover medical or other expense arising out of injuries that my child might sustain during their participation in the activities for which they have been registered and understand and accept responsibility to pay and be responsible for any and all medical care and treatment arising out of any injury to my child. I hereby acknowledge that I have sole responsibility at all times, for my or my child's personal possessions and athletic equipment and to follow instructions necessary for the activity.

In consideration of the acceptance of my or my child's registration request and/or participation in the programs and activities operated by PNWSI/OPT it's, officers, administrators, employees, and representatives, and assume all risks attendant to such participation. I release, hold harmless and forever discharge PNWSI/OPT, and all of its assignees, from all claims, causes of action, judgments, damages or demands, of any kind permitted by law, by myself, my heirs, executors, administrators and assigns for personal injuries and/or property damage, whether known or unknown, foreseen or unforeseen, which my minor child may cause or sustain during such programs and activities. Further, I agree to indemnify PNWSI/OPT and each of them for any and all loss and damage arising from tortious acts or omissions.

I expressly assume the risk of injury to myself or my child or damage to my property or bodily harm or death in connection with my travel to and from training program site(s).

I HAVE CAREFULLY READ THIS WAIVER AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS AND IMPLICATIONS. I AM AWARE THAT THIS WAIVER AND RELEASE OF LIABILITY IS A BINDING AND LEAGAL CONTRACT BETWEEN PNWSI/OPT THAT IS SIGNED OF MY OWN FREE WILL ON BEHALF OF MYSELF OR MY CHILD.

Participants Full Name: _____

Signature: _____ Date: _____

Parent or Guardian's Signature (if under 18): _____ Date: _____

Emergency Contact: _____ Phone: _____

