**Athletic Tournament Waiver and Release of Liability**

**Participant Information**

• Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgment and Assumption of Risk**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that participation in the Boon Hill Sports Super Draft involves inherent risks, including but not limited to physical injury, illness, or death. I voluntarily assume all such risks associated with my participation.

**Release and Waiver of Liability**

In consideration of being allowed to participate in the Boon Hill Sports Super Draft, I hereby release, discharge, and hold harmless Boon Hill Sports, its officers, directors, employees, agents, volunteers, sponsors, and affiliates (collectively, the “Released Parties”) from any and all liabilities, claims, demands, or causes of action that may arise from my participation, including those arising from the negligence of the Released Parties.

**Medical Authorization**

I grant permission to the medical staff selected by the tournament organizers to provide emergency medical treatment deemed necessary in the event of an injury or illness during the tournament.

**Photo and Video Release**

I consent to the use of photographs, videos, or other media taken during the tournament that may include my image or likeness, for promotional purposes by Boon Hill Sports, without compensation.

**Code of Conduct**

I agree to adhere to the rules and regulations set forth by the tournament organizers and to conduct myself in a sportsmanlike manner at all times. I understand that failure to comply may result in my removal from the tournament without refund.

**Refund Policy**

I acknowledge that registration fees are non-refundable, except in the case of tournament cancellation.

**Severability**

If any provision of this waiver is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

**Governing Law**

This waiver shall be governed by and construed in accordance with the laws of the state of Maryland.

**Participant’s Signature**

I have read and understand this waiver and voluntarily agree to its terms.

• Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Consent (If Participant is Under 18)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the parent or legal guardian of the above-named participant, consent to their participation in the Boon Hill Sports Super Draft and agree to the terms of this waiver on their behalf.

• Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_