## The 1st Annual Ridgecrest Regional Hospital Dodgeball Tournament 2017

## **Waiver Form**

Ker McGee Center Ridgecrest March 11, 2017

## Waiver, Release, and Covenant Not to Sue Relating to Participation in the The 1st Annual Ridgecrest Regional Hospital Dodgeball Tournament – <u>Must be Signed By All Participants</u>

Name of Participant:	Age of Participant:
Team Name:	
Emergency Contact Telephone Number:	
The undersigned requests that I or, where applicable, the	he participant,
has permission to participate in the The 1st Annual RRF	H Tournament 2017 on March 11, 2017.
All activities incidental or related to the The 1st Annual	RRH Dodgeball TournamenT 2017 are
covered by and agree to the following terms:	
1. I understand that I, or where applicable, my mino actions, conduct and safety of the participant durules, regulations, and instructions.	, ,
2. I understand that there are certain risks inherent the activities incidental or related thereto.	in participation in the Tournament and
3. I knowingly and voluntarily assume the risk of i act, event, or omission related to my participation	
4. I understand that participation of the participant is	s entirely voluntary.
5. I release, discharge, covenant not to sue, inde	
Ridgecrest Regional Hospital, High Desert Fith against any and all injuries, property damage, o behalf of the participant arising form or in any m Dodgeball Tournament 2017.	r any loss, damages, or expenses by or
6. If signing on behalf of a minor child, I understated right of the minor child and any right that any parameter claim against the (sponsors) for any act or child that they might sustain during the course RRH Dodgeball Tournament 2017.	parent or guardian might have to sue or omission, event, or injury to the minor
I HAVE CAREFULLY READ THIS AGREEMENT CONTENTS. I AM AWARE THAT THIS AGREED LIABILITY AND RELEASE, AN ASSUMPTION OF TO INDEMNIFY THE RELEASES AND I SIGN IT O	EMENT INCLUDES A WAIVER OR RISK, AND AN AGREEMENT BY ME
Print Name of Participant:	Date:
Signature of Participant:	
Signature of Parent or Guardian (If under 18):	
D :	