

Boys & Girls Club of Milford, Connecticut 2018 Dodgeball Tournament

Assumption of the Risk and Waiver Statement / ATTN: Team Captain

TEAM CAPTAIN: COMPLETE THIS ASSUMPTION OF THE RISK AND WAIVER STATEMENT FOR YOU AND YOUR TEAM MEMBERS. MUST BE SUBMITTED TO THE BOYS & GIRLS CLUB OF MILFORD, CONNECTICUT WITH YOUR REGISTRATION FORM,

I read and understand the rules and regulations of the Boys & Girls Club of Milford ("BGCM") Dodgeball Tournament and understand that any violations of the rules provided will result in disqualification of my entire dodgeball team.

As Captain of _____ team, I also confirm that I have distributed and reviewed the rules and regulations with team member in advance of said event. In consideration for the acceptance of my registration as a voluntary participant in the above entitled event, and with the understanding that my participation in this event is on the condition that I enter into this agreement, for myself, my heirs and assignees, I hereby assume the inherent and extraordinary risks involved with the BGCM Dodgeball Tournament and any risks inherent in any other activities connected with this event in which I may voluntarily participate.

I expressly assume the risk of, and accept full responsibility for, and all injuries, including death, any and all accidents which occur on premises, and damage to or loss of personal property which may occur as a result of my participation in this event and release from liability, covenant not to sue and indemnify BGCM, City of Milford, sponsors and each of their officers, directors, agents, representatives, employees and members ("Releasees").

I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act of the Releasees. I understand that I hereby waive any claim I may have hereafter against the Releasees as a result of my participation in the BGCM Dodgeball Tournament and in any other activities connected with this event in which I may voluntarily participate.

I understand that BGCM and the City of Milford will not have medical personnel available at the Dodgeball Tournament. I understand and agree that the Releasees are granted permission to authorize emergency medical treatment if necessary. I understand and agree that the Releasees assume no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

I authorize use of my image and the _____ team images in any and all promotion of BGCM in perpetuity, and without any further consideration, monetary or otherwise.

I have read, understand and agree to be legally bound by this document.

THIS IS A RELEASE OF YOUR RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND BEFORE SIGNING.

Print Team Captain Name: _____

Print Team Name: _____

Team Captain Signature: _____

Date: _____

Phone: _____

Gender: M F

Age on Event Day: _____

Email Address: _____

Mailing Address: _____

City, State, Zip Code: _____