



ADULT WAIVER (18 +)

Team Name: _____ Age Group/Division: _____

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

THANK YOU FOR BEING PART OF

GIVING BACK HOPE!

Waiver:

By signing below, I acknowledge that I am participating at my own risk in the Bar Down...By the Lake ball hockey tournament of 2020 (the "Tournament") and I hereby waive any and all liability on the part of the Tournament, its organizers, sponsors, partners and all other persons or entities associated with the Tournament against any and all damages or losses, personal injury or death resulting from my participation. I also hereby grant permission to the Tournament organizers to use my personal information provided for the sole purpose of the administration of the Tournament.

I am aware and agree that photographs will be taken and there may be media coverage during my participation in the Tournament and both may be used to publicize or promote the Tournament.

I have read and/or been informed by the team Coach about the **Shared Respect Initiative** and agree to treat other players, teams, referees and parents with respect.

SIGNATURE: _____

Print Name: _____

DATE: _____, 2020