NixCancer Foundation Dodgeball Registration Form

TEAM NAME:

Name of Team Captain:

Emergency Parent Contact:	**Email:**

Waiver

In consideration of accepting this entry, I undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, wave and release any and all rights and claims for losses and damages I may have against NixCancer Foundation, Colonial School District, and all other parties and their representatives, successors and assignees for any and all injuries and all claims of damage, demands and actions whatsoever which may arise as a result of my participation in this event. I attest and verify that I am physically fit and am sufficiently prepared for this event. I do hereby waive all claims for damage or loss to me or my child's person or property. I hereby assume liability for any loss, damage or other liability from such event. Further, I hereby grant full permission to any and all forgoing to use photographs or videotapes of this event for any purpose related to the event, future events, beneficiary or sponsor. I understand entry fees I pay are nonrefundable. If I am under 18 years of age, I understand that I must have written consent of my parent / legal guardian, evidenced by his / her signature below to compete in this event. No one may enter this event without signing the official waiver.

Photo Release

I agree to grant NixCancer Foundation and its authorized representatives permission to photograph and/or video, pictures of my child's participation in NixCancer Foundation's Dodgeball Tournament on March 22, 2019. I further agree that any or all off the material photographed may be used, in any form, as part of any future publications, brochure, social media, or other printed materials used to promote NixCancer Foundation, and further that such use shall be without payment of fees, royalties or other compensation.

ALL Participants under 18 years of age MUST have parental signatures/approval:

Age	Participant Name/Signature	Parent Signature	Date
Age	Participant Name/Signature	Parent Signature	Date
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