

IRHA Adult Co-ed Kickball Tournament Fundraiser

Waiver of Liability

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Birthdate: _____ Age: _____ M/F: _____

Emergency contact name: _____

Emergency contact phone: _____

In consideration of acceptance of my entry, I hereby waive and release any of the sponsoring groups, officials, attendants, and any and all other entities, including USA Hockey, Negaunee Township, and Iron Range Hockey Association for any and all injuries suffered by me at said "IRHA Adult Co-ed Kickball Tournament Fundraiser". I attest and verify that I am 21 years old or over and am physically able to participate in this event. Further, I hereby grant permission for the use of any photographs of my participation in this event for any publicity without obligation or liability to me.

Signature: _____

Date: _____