

Whitesboro Girls Softball Team Dodgeball Tournament

Division (check one) Male Female Co-Rec

TEAM NAME: _____

Name	Age	Phone Number	E-Mail (Captain Only)	Print Signature (Parent Signature if under 18)
CAPTAIN				

READ BELOW AND FILL OUT AND SIGN INFORMATION ABOVE

BORZA RECREATION CENTER INCORPORATED WAIVER AND RELEASE OF CLAIMS AND ASSUMPTION OF RISK

Please read this information carefully and be aware that in signing up and participating in this activity, you'll be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating any and all activities connected with and associated with this activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agreed to assume the full risk of injuries, damages or loss, regardless of the severity, that my minor child/ward or I may sustain as a result of participating of any or all activities connected with or associated with this program. I further agree to wave and relinquish all claims my minor child/ward or I may have (or accrue to me or my child/ward), as a result of participating in this program against the BORZA RECREATION CENTER INC, including their officials, agents, volunteers, employees, and sponsors, and their owners, Tim Borza and Elaine Borza.

I do hereby fully release and forever discharge the BORZA RECREATION CENTER INC from any and all claims for injuries, damages or loss, that my minor child/ward may have, or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program.