Tournament Liability Waiver/Roster

WOODRIDGE PARK DISTRICT
Athletic Recreation Center

Waiver/Roster must be submitted by Thursday, April 3

Team Name _____

Head Coach:_____ **Phone** _____
Assistant Coach:_____ **Phone** _____
Assistant Coach:_____ **Phone** _____

Please read this form carefully and be aware that in signing up and participating in this tournament, you will 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 in any and all activities with and associated with this tournament (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this tournament, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward may sustain as a result of said participation. I further agree to waive 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 tournament against the Woodridge Park District and School District 68, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.

First Name	Last Name	Birth Date	Parent Signature	Date