Battle Under the Bighorns Waiver

WAIVER -- Every player -- and their parent/guardian, if the player is under 18 -- must read this Waiver Form. Signatures on the registration signify each person has read, understands and abides by this information. There are risks connected with my participation in this event and its related activities. Injury to my person or damage to or loss of my personal property is a possibility. I acknowledge this possibility and risk and I VOLUNTARILY RELEASE AND DISCHARGE Tongue River Valley Community Center, The Town of Dayton, Sheridan School District #1, event sponsors, event charities, BUBH volunteers, workers, and agents from any and all actions, suits and demands whatsoever in law or in equity, from any injuries suffered by me while participating in this event or its related activities and further from the loss or damage to personal property by theft, negligence or otherwise. Further, I hereby grant full permission for event organizers to record any or all of my participation in this event for photos, motion pictures, TV, radio recordings, videotapes, and other media known or unknown, and to use them, no matter by who taken, in any manner for publicity, promotions, advertising, trade, or commercial purposes, without any reimbursement of any kind due to me, or the need to pay me any fee.

TEAM NAME:_____**Contact Email**_____

CAPTAIN (PLEASE PRINT)

LAST NAME: **GRADE (16-17) school year :**
FIRST NAME: **GENDER: M F**
MAILING: **PHONE:**
CITY STATE ZIP
T-SHIRT SIZE Adult S M L XL Youth S M L XL Player/Guardian Signature_____
(Parent/Guardian if player is under 18) signature indicates acceptance of waiver & release

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PLAYER 2 (PLEASE PRINT)

LAST NAME: **GRADE (16-17) school year :**
FIRST NAME: **GENDER: M F**
MAILING: **PHONE:**
CITY STATE ZIP
T-SHIRT SIZE Adult S M L XL Youth S M L XL Player/Guardian Signature_____
(Parent/Guardian if player is under 18) signature indicates acceptance of waiver & release

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PLAYER 3 (PLEASE PRINT)

LAST NAME: **GRADE (16-17) school year :**
FIRST NAME: **GENDER: M F**
MAILING: **PHONE:**
CITY STATE ZIP
T-SHIRT SIZE Adult S M L XL Youth S M L XL Player/Guardian Signature_____
(Parent/Guardian if player is under 18) signature indicates acceptance of waiver & release

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PLAYER 4 (PLEASE PRINT)

LAST NAME: **GRADE (16-17) school year :**
FIRST NAME: **GENDER: M F**
MAILING: **PHONE:**
CITY STATE ZIP
T-SHIRT SIZE Adult S M L XL Youth S M L XL Player/Guardian Signature_____
(Parent/Guardian if player is under 18) signature indicates acceptance of waiver & release

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PLAYER 5 (PLEASE PRINT)

LAST NAME: **GRADE (16-17) school year :**
FIRST NAME: **GENDER: M F**
MAILING: **PHONE:**
CITY STATE ZIP
T-SHIRT SIZE Adult S M L XL Youth S M L XL Player/Guardian Signature_____