Santa Clara Dodgeball Association
dodgeballsc.com
GAME **RELEASE** FORM

I hereby request that the Santa Clara Dodgeball Association ("dodgeballsc.com") allow me to participate in the 2009 June tournament. I certify that I am in good mental and physical condition. I also understand the inherent risks of participating in the expected activities inside or around Santa Clara First Baptist Church, in Santa Clara.

In consideration of the dodgeballsc.com allowing me to participate in the tournament, I agree not to sue and forever release, waive and discharge the dodgeballsc.com, their respective employees, owner, volunteers, members, Santa Clara First Baptist Church, and all respected, and other players (hereinafter referred to collectively as "Releasees") from any and all liability to me and my personal representatives, assigns, heirs, children, dependents, spouse and relatives for any and all claims, causes of action, losses, judgments, liens, costs, demands or damages that are caused by or arise from any injury (including death) to my person or property regardless of the cause(s) of such injury arising out of my participating in the Dodgeball tournament.

I expressly assume all risk of injury (including permanent disability and death) arising out of my participation, howsoever caused or arising and whether by negligence or otherwise, and accept personal responsibility for the damages following such injury, permanent disability or death. I grant full permission to the dodgeballsc.com and Affiliates with no obligation to compensate me further, to use any photographs, videotapes, motion pictures, recordings, or other record of my performance(s). I hereby acknowledge that I have carefully read this Liability Waiver and Release of Liability, that I fully understand its content, I understand fully the extent of the activity that I will be participating in, and that I am signing this Liability Waiver and Release voluntarily and intend for it to be legally binding.

_____ Team name Captain Info:
_____Address
_____City, State, Zip
_____Telephone Number

Have Read Waiver	Name of Participant (Print)	Signature	Date	Name of Guardian if under 18 (print)	Signature of guardian (if needed)