

Fort Meade – Civilian Welfare Fund

Touch Rugby Tournament – WAIVER AND RELEASE FORM

PARTICIPANT/SPECTATOR RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way at a Civilian Welfare Fund (CWF) Touch Rugby Tournament, its related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including potential for permanent disability and death, and while particular rules, equipment, and potential discipline may reduce risk, the risk of serious injury to me does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined in paragraph 4 below) or others, and assume full responsibility for my participation, and
3. I willingly agree to comply with the stated and customary rules, terms, and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest CWF Touch Rugby Tournament official immediately; and
4. **I FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS CWF and/or COLUMBIA PARKS AND RECREATION, EMPLOYEES AND OTHER PARTICIPANTS, SANCTIONED EVENTS, SANCTIONED ORGANIZATIONS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE OWNERS AND LESSORS OF CWF TOUCH RUGBY TOURNAMENT AND CWF (“RELEASEES”), FROM ANY AND ALL CLAIMS ARISING OUT OF MY PRESENCE AT COLUMBIA PARKS AND RECREATION, INCLUDING BUT NOT LIMITED TO CLAIMS FOR ANY AND ALL INJURIES, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSONAL OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW, INCLUDING ATTORNEY FEES AND ATTORNEY’S FEES ON APPEAL.**

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK ASSESSMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENTS. I attest that I am physically fit and have been trained for this activity. I also waive and release the use of my photograph or likeness for any reason or purpose. **I WANT TO PARTICIPATE IN THIS SPORT!**

MEDICAL RELEASE: In the event that I am unconscious or otherwise unable to make medical decisions for myself in any emergency, I hereby give permission for my medical treatment and related transportation, to any licensed physician, surgeon, clinic, hospital or ambulance service to secure proper treatment and to order anesthesia, for myself as named below. I am allergic to the following medication:

Participant's Printed Name

Participant's Team Name

Participant's Signature

Date Signed

Date of Birth