

# TDBA Open School Tournament Form

## Agreement of Release and Waiver of Liability Form

*This Liability Waiver Form must be completed and signed by the parent or guardian for each athlete before participation in the TDBA Open School Tournament.*

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

School/Club: \_\_\_\_\_

Circle Event: U15BS    U15 GS    U17BS    U17GS    U19BS    U19GS  
                  U15BD    U15GD    U17BD    U17GD    U19BD    U19GD

Partner: \_\_\_\_\_

**\*Print your partner's name (please note your partner must sign up on their own) OR you can request a partner and we will try and pair you**

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in a physical activity.

Having such knowledge, I hereby acknowledge this and release, any representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailment, or impairments which may affect my ability to participate in said fitness activity.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Acknowledgement:

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Printed Name

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to contact \_\_\_\_\_