ASHLAND PLACE
UNITED METHODIST CHURCH

KICKOFF COOKOUT FLAG FOOTBALL TOURNAMENT

WAIVER AND RELEASE

PARTICIPANT

Name_____
(Last) (First) (Middle Initial)

Home Address_____City/Zip Code_____

Date of Birth_____

ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

I give permission for myself and/or my minor child to participate in the *Kickoff Cookout Flag Football Tournament* sponsored by Ashland Place United Methodist Church ("the Event").

I understand that participation in the Event involves certain inherent risks, including but not limited to the risk of injury. I acknowledge that the degree and seriousness of these risks may vary depending on the activity.

In consideration of participation, I hereby waive, release, and discharge Ashland Place United Methodist Church, its staff, volunteers, and representatives from any and all claims, causes of action, or liability for damages, personal injury, death, or loss of or damage to property arising from participation in the Event.
I have read and fully understand this waiver and release, and I voluntarily agree to its terms.

By signing below, you acknowledge that you have read the above information and consent to abide by the Eligibility Requirements, and you agree to the Risk Acknowledgement listed above.

Participant Signature_____

Parent/Guardian Signature (for a minor)_____

Date_____