

CMTC JULY MADNESS 2018

Player Name(Print):

Permission & Waiver of Liability & Authorization of Emergency Care
I hereby give my consent for the above named person to participate in the 2018 CMTC July Madness. I also agree to reimburse the CMTC Youth Fellowship, River Trails Park District, and Flick Park for any equipment used should it become lost or damaged. I understand that neither the CMTC Youth Fellowship, River Trails Park District, and Flick Park will be held responsible for personal items lost or stolen. I authorize the staff of the CMTC July Madness or the authorized personnel of River Trails Park District, and Flick Park to select and secure medical attention as may be necessary for the above named person in the result of injuries or other events requiring emergency care while I/we are not in attendance at such event. I hereby release the CMTC Youth Fellowship, River Trails Park District, and Flick Park from any and all liability on account of such selection or authorization for any and all damages/injuries which occur on account thereof.

Player Signature:

Contact Phone:

Emergency Contact Info (Name, Phone Number, Relationship to Player):

Guardian Name:

(If player is under the age of 18)

Guardian Signature:

(If player is under the age of 18)