



# Liability Waiver Form

PLAYER'S FIRST NAME	MI	PLAYER'S LAST NAME
DATE OF BIRTH	GENDER	EMERGENCY PHONE
EVENT LOCATION	TEAM	

## Release and Indemnity (Adult – 18 years and over, Minor – under 18 years of age)

In consideration of my or of my child's participation in the above-referenced Event organized by Pinnacle Sports Tournaments, Inc. (the "PST"), I acknowledge that I have or will inspect the facilities and equipment to be utilized in conjunction with the Event and, if I believe any unsafe conditions exist, I will immediately advise an Event official of such condition and will refuse to participate until such condition is corrected, and I agree to assume the risks incidental to such participation and use (which risks may include, among other things, muscle injuries and broken bones) and, on my own or my child's, and on behalf of my child's heirs, executors and administrators and next of kin, I hereby release, indemnify, save and hold harmless, and forever discharge the Released Parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my or my child's participation in such activity, and further agree to indemnify and hold each of the Released Parties harmless against any and all such liabilities, claims, actions, damages, costs, or expenses including, but not limited to, all attorney fees and disbursements. I understand that this Release and Indemnity Agreement includes any claims based on the negligence, action or inaction of any of the above Released Parties and covers bodily injury (including death), property loss or damage, including loss by theft or otherwise, any publicity relating to the Event, any prizes awarded, and any loss of collegiate or high school eligibility as a result of participation in the Event, whether suffered by me or my child, before, during or after such participation. I declare that I or my child are physically fit and have the skill level required to participate in this particular Event. I further authorize medical treatment for myself or my child, at my cost, if the need arises. I also understand that my child or I may be required to leave the Complex should my child or I exhibit undesirable conduct.

I further grant the Released Parties the right to photograph and/or videotape me or my said child or ward and further to display, use and/or otherwise exploit my said child's or ward's name, face, likeness, biographical material, voice, and appearance forever and throughout the world in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online webcasts, television, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Event results and standings, or for any other purposes whatsoever, without compensation, reservation or limitation. The Released Parties are, however, under no obligation to exercise said rights herein granted.

Before registering for this Event, I will contact my coach or athletic director to determine how my eligibility would be affected, if at all, by registering for this Event.

NAME DATE SIGNATURE

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(name of person acknowledging).

SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

CHECK ONE:  Produced Identification  Type of Identification Produced: \_\_\_\_\_  Personally Known