



EMERGENCY MEDICAL RELEASE AND LIABILITY WAIVER
Each team MUST have a completed form to participate in the tournament

Team Name _____ **M / F**

Player 1
First Name _____
Last Name _____
Birthdate _____
Emergency Contact _____
Emergency Contact Phone _____
Parent / Guardian Signature: _____

Player 2
First Name _____
Last Name _____
Birthdate _____
Emergency Contact _____
Emergency Contact Phone _____
Parent / Guardian Signature: _____

Player 3
First Name _____
Last Name _____
Birthdate _____
Emergency Contact _____
Emergency Contact Phone _____
Parent / Guardian Signature: _____

Player 4
First Name _____
Last Name _____
Birthdate _____
Emergency Contact _____
Emergency Contact Phone _____
Parent / Guardian Signature: _____

Player 5
First Name _____
Last Name _____
Birthdate _____
Emergency Contact _____
Emergency Contact Phone _____
Parent / Guardian Signature: _____

Player 6
First Name _____
Last Name _____
Birthdate _____
Emergency Contact _____
Emergency Contact Phone _____
Parent / Guardian Signature: _____

With my signature above, I hereby authorize emergency medical treatment for my child. Further, I hereby release and hold harmless Carry On, Inc., it's officers, directors, volunteers, the sponsors, and all other persons and entities associated with this event from any and all injury or damage for claims or causes of action whatsoever for any loss or injury suffered by the participant. Further, I hereby grant full permission to any and all of the foregoing to use any photography, videotapes, motion pictures, recordings or other record of this event.