

2018 PARTICIPANT WAIVER/RELEASE & TEAM ROSTER

COMPANY (if applicable) _____ TEAM NAME _____
 TEAM CAPTAIN NAME _____ DAY PHONE _____
 TEAM CAPTAIN SIGNATURE _____

In consideration of HOSPICE BRAZOS VALLEY and SLOVACEK'S, and any other parties involved in the planning and/or implementation of MUD VOLLEYBALL for granting me permission to participate in the MUD VOLLEYBALL tournament and any other events on Saturday, August 25, 2018. I waive all claims for damage or loss to my person or property which may be caused by the aforementioned parties, all their officers, distributors, agents, employees, volunteers, heirs or legal representatives. Further, I hereby agree not to assert myself against the same parties in any court of law, and do release same parties from all liability, claims, demands, costs, charges and expenses incident to any possible damage or personal injuries that I have now, in the future, known or unknown, while participating in the HOSPICE BRAZOS VALLEY/SLOVACEK'S HOG SPLASH 2018 ~ MUD VOLLEYBALL TOURNAMENT.

I assume the risk of all dangerous conditions associated with the playing of MUDD VOLLEYBALL and waive any and all specific notice of the existence of such conditions. I understand that participation in play requires that participant is 16 years of age or older. I do also assert that I am of sound physical condition and capable of participating in strenuous activities without undue risk. I understand shoes must be worn at all times during play. I also grant permission to the aforementioned parties to utilize any and all photographs, video tapes, recordings, and other references or records of "MUDD events and activities" for any and all purposes.

PARTICIPANT NAME (please print name)	ADDRESS/PARTICIPANT (for MUDD VOLLEYBALL use only)	EMERGENCY CONTACT NAME and PHONE #	PARTICIPANT SIGNATURE
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10.			

Hospice Brazos Valley ~ Comfort is our Specialty. Trust is our Promise.

&

Slovacek's ~ You'll LOVE our Sausage!