

KICKBALL TOURNAMENT SPORTS WAIVER

I, _____, hereby acknowledge that I am participating in the Kickball Tournament organized by Boone County CASA on Sunday, April 28, 2024 held at Lions Park – 229 Summitt St., Poplar Grove, IL 61065. In consideration of being allowed to participate in this event, I agree to the following terms and conditions:

1. **Assumption of Risk:** I understand and acknowledge that participating in the Kickball Tournament involves inherent risks, including but not limited to bodily injury, property damage, and other dangers associated with physical activities. I voluntarily assume all risks associated with my participation.

2. **Physical Condition:** I certify that I am physically fit and able to participate in the Kickball Tournament. I am not aware of any medical condition or impairment that would prevent my participation or pose a risk to myself or others. I agree to promptly notify the event organizers of any changes to my physical condition that may affect my ability to participate safely.

3. **Release of Liability:** I hereby release, discharge, and hold harmless Boone County CASA, its officers, directors, employees, agents, and volunteers from any and all liability, claims, demands, actions, or causes of action arising out of or related to any injury, loss, or damage that may occur as a result of my participation in the Kickball Tournament, including but not limited to negligence or any other act or omission by the organizers or other participants.

4. **Insurance:** I understand that I am solely responsible for any medical or other expenses incurred as a result of any injury or damage that I may sustain during the Kickball Tournament. I acknowledge that I am encouraged to have my own health insurance coverage and that Boone County CASA does not provide any insurance coverage for participants.

5. **Code of Conduct:** I agree to abide by all rules, regulations, and instructions provided by Boone County CASA and officials during the Kickball Tournament. I understand that failure to comply with these rules may result in my disqualification from the event.

6. **Photography and Publicity:** I grant permission to Boone County CASA to use photographs, video recordings, or other media of me taken during the Kickball Tournament for promotional or publicity purposes without compensation.

7. **Emergency Medical Treatment:** In the event of any injury or medical emergency, I authorize Boone County CASA and their representatives to obtain medical treatment for me as deemed necessary. I agree to be responsible for any costs associated with such treatment.

8. **Legal Age:** I confirm that I am 18 years of age or older and legally competent to enter into this waiver agreement.

I have read this waiver and fully understand its terms. I voluntarily agree to be bound by its provisions and acknowledge that I am waiving certain legal rights by signing below.

Participant's Signature: _____ Date: _____

Participant's Full Name (Please Print): _____

