

Player Waiver *Richardson, TX March 12th, 2011 8am – 4pm*

Player's Name

School Attending

Date of birth

Age

Grade in school

E-mail:

text:

Emergency information:

Contact Name: _____

Contact Phone Number: _____

Insurance Provider: _____

Policy Number: _____

By signing below, I give my permission for _____ to participate in the Ultimate Tournament that will be held Saturday, March 12th from 8:00am- 4pm. Team rosters will be developed by school captains. Lunch will be provided for all registered participants and certified volunteers.

I understand that Texas, Ultimate! does not provide accident and hospitalization insurance, and there is some inherent risk or danger in participating in Ultimate activities. I do not hold Texas, Ultimate!, or the Dallas Ultimate Association liable for accident or injury resulting from participation in the Organizational meeting and Hat Tournament.

*I understand that coaches and volunteers affiliated with **TEXAS, Ultimate!** will be responsible for supervision of athletes during planned activities. Responsibility for supervision will terminate at the conclusion of the Tournament. We encourage parent-sponsored team carpools, as it will be a long day of Ultimate.*

Further, my signature gives Texas, Ultimate! permission to use my player's image in it's promotional materials including, but not limited to, brochures, ads, and website. I understand my player's name will never be used in conjunction with their image.

Cost per player is \$7. Checks may be made payable to Texas, Ultimate!

Signature of Parent/Guardian

Date