

AISD Ultimate HAT Tournament

Participation Waiver

Name

School Attending

Date of birth

Age

Grade in school

E-mail address

or

text message #

Emergency information:

Contact Name: _____

Contact Phone Number: _____

Insurance Provider: _____

Policy Number: _____

*By signing below, I give my permission for _____ to participate in the Ultimate Hat Tournament that will be held on the Campus of **Austin High School** on Monday, October 10th from **9:00am - 3:00pm**. This participant understands and has coordinated transportation following the guidelines posted on the **EVENTS** page @UltimateSpirit.org*

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 AISD liable for accident or injury resulting from participation in the all day Ultimate Festival. I give *Texas, Ultimate!* permission to use my player's image in it's promotional materials including, but not limited to, brochures, ads, and websites. I understand my players's name will never be used in conjunction with their image.

Signature of Parent/Guardian

Date

I promise to participate fully, respecting the rules of the sport of Ultimate and letter of the ***Spirit of the Game***.

Signature of Player

USA Ultimate Player ID#