

Dallas Youth Clinic February 13th, 2010 Participation Waiver

Player's Name

School Attending

Date of birth

Age

Grade in school

E-mail:

Emergency information:

Contact Name: _____

Contact Phone Number: _____

Insurance Provider: _____

Policy Number: _____

By signing below, I give my permission for _____ to participate in the Ultimate Skills Clinic and Hat Tournament that will be held at the LOS COLINAS POLO FIELDS in Irving, TX, Saturday, February 13th from 10:00am- 1pm. Parking is available on Riverside Drive. The fields are accessible by the walking path.

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 Skills Clinic.

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 Hat Tournament.

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 \$5. Checks may be made payable to Texas, Ultimate!

Signature of Parent/Guardian

Date