



Name: _____

Team: _____

WAIVER OF LIABILITY FOR PLAYING IN ALL-CITY CLASSIC 302 LEGENDS LEAGUE

I/We hereby understand and acknowledge that the games, programs, events, and training held by All-City Classic 302 Legends League may expose me to inherent risks, including accidents, injury, illness, or even death. I/We assume all risk of injuries associated with participation including, but not limited to falls, contact with other participants and/or attendees, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me. I/We hereby acknowledge my responsibility in communicating any physical or psychological concerns that might conflict with participation in activity. I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation, and All-City Classic 302 League providing games and furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE & RELEASE The Alumni League, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in All-City Classic 302 League games, programs, and/or events. By my signature I/We indicate that I/We have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Participant Name (Please Print): _____

Participant Signature: _____ Date: _____

Email: _____ Phone: _____

In Case of Emergency Contact: _____ Phone: _____

PUBLICITY RELEASE: I grant All-City Classic 302 League the right to photograph and/or videotape me and to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials for the activities without reservation or limitation. **I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.**

Participant Name (Please Print): _____

Participant Signature: _____ Date: _____