

# MEMPHIS DODGEBALL INFORMED CONSENT

In consideration of the acceptance of my application/registration request and/or participation in MEMPHIS DODGEBALL sponsored by MEMPHIS DODGEBALL, MASON YMCA, its officers, agents, designees, administrators, employees, and/or representatives, I assume without condition or reservation, each risk attendant to my participation in such activity. On behalf of myself, my heirs, executors, administrators and assigns, I RELEASE, hold harmless and forever discharge KEVIN OLSEN, MEMPHIS DODGEBALL, and MASON YMCA from each claim, cause of action, judgment, damage or demand of any kind permitted by law, or arising by operation of law, for personal injury and/or property damage, whether known or unknown, foreseen, foreseeable or unforeseeable, which I may cause or sustain during such activities. And, I further agree to INDEMNIFY them and each of them for each loss(es) and damage(s) sustained by them, or any of them, arising in anyway form my act(s) or omission(s). And, I expressly assume the risk of injury to my person or my property or my death in connection with my travel and from the activity site(s).

I UNDERSTAND THAT MY PARTICIPATION IN MEMPHIS DODGEBALL MAY INVOLVE THE RISK OF PROPERTY DAMAGE, INJURY OR DEATH AND THAT MY PARTICIPATION IS ENTIRELY VOLUNTARY. WITHOUT CONDITION OR RESERVATION, I AM VOLUNTARILY PARTICIPATING IN MEMPHIS DODGEBALL WITH FULL KNOWLEDGE OF THE RISKS INVOLVED AND VOLUNTARILY ASSUME EACH RISK TO ME WHETHER DUE TO THE NEGLIGENCE OF ANOTHER OR NOT, OF PROPERTY DAMAGE, INJURY AND/OR DEATH RELATED IN ANYWAY TO MY PARTICIPATION.

\_\_\_\_\_ (Participant's initials)

I understand participation in DODGEBALL may require good physical conditioning and training and, I warrant to MEMPHIS DODGEBALL I am in good physical/mental health and that I am ready, willing, and able to physically and mentally participate in the activity below named. I recognize there may be a substantial risk of injury and/or death in this activity. I knowingly and voluntarily assume each risk related in any way to my participation. I understand there is, without limitation, no life, health care, or other insurance provided for me by MEMPHIS DODGEBALL, or any of the entities mentioned above, which would cover my death, or health care or other expense arising out of an injury(ies) which I might sustain resultant from my participation in named activity. I accept responsibility to pay and be responsible for all expenses arising out of injury or death myself and/or, due to my act(s) or omission(s), to any other person/entity. I acknowledge I have sole responsibility for loss or damage caused to or by my personal property used in/for the activity.

I HAVE CAREFULLY READ THIS WAIVER AGREEMENT AND REPRESENT I FULLY UNDERSTAND ITS TERMS. I HAVE HAD ADEQUATE OPPORTUNITY TO HAVE THIS WAIVER AGREEMENT REVIEWED BY OTHERS OF MY CHOICE, INCLUDING A LAWYER. MY SIGNATURE/INITIALS REPRESENT THAT I EITHER HAD THE WAIVER AGREEMENT REVIEWED AND APPROVED AS WRITTEN, OR I KNOWINGLY AND INTELLIGENTLY ELECTED NO TO HAVE IT REVIEWED. I AM AWARE THAT THIS WAIVER AGREEMENT IS A BINDING CONTRACT BETWEEN MYSELF AND MEMPHIS DODGEBALL, (WHICH MAY RESULT IN MY SURRENDER OF SUBSTANTIAL RIGHTS) AND SIGN IT OF MY OWN FREE WILL. I ACKNOWLEDGE I HAVE RECEIVED A COPY OF THIS WAIVER AGREEMENT. I CERTIFY THAT I AM COVERED BY MEDICAL INSURANCE AND UNDERSTAND MY INSURANCE WILL BE USED PRIMARILY IF I AM INJURED WHILE PARTICIPATING.

\_\_\_\_\_ (Participant's initials)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Email Address \_\_\_\_\_ Emergency Contact Name /Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Participant's Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your email will be used to send you email updates on Memphis Dodgeball events. Your photo may be taken during activities and used for marketing and promotion purposes without compensation of any kind.