

Dodge Ball Tournament

Sponsored by the Madison Heights Community Coalition

I give permission for _____ to participate in the Dodge Ball Tournament, held on Friday, November 10, 2017, at Lamphere High School, from 6:00 PM until 9:00 PM. In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____
(Emergency contact)

Parent/Guardian Signature _____

Date _____

In consideration of acceptance of the right to participate, all entrants and spectators by execution of this form, release and discharge: Lamphere Schools and Lamphere SADD, Madison Heights Family Coalition, their officers, directors, employees, agents, representatives and anyone else connected with this mentioned Homecoming Event, of any and all known or unknown damages, injuries, losses, judgments, and other claims from any cause whatsoever that may be suffered by any entrant to his person or property. Further, each entrant agrees to indemnify all the foregoing entities, firms, persons and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or any participants.

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