ATHLETIC WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Land of Lincoln CEO Sports Tournament, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. The risk of injury from the activities involved in this program is significant, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and.
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS

 (Name of organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

REGISTRATION)

DATE:	DATE OF BIRTH	
SIGNED:		
Parent/Guardian Signature:		
Emergency Phone Number: (_)	
DATE: SIGNED:		
Parent/Guardian Signature:		
Emergency Phone Number: (_)	
DATE:SIGNED:		
Parent/Guardian Signature:		
Emergency Phone Number: (_)	
DATE:SIGNED:		
Parent/Guardian Signature:		
Emergency Phone Number: (_)	
DATE:SIGNED:		
Parent/Guardian Signature:		
Emergency Phone Number: (_)	
DATE:SIGNED:		
Parent/Guardian Signature:		
Emergency Phone Number: (_)	

^{*} If Date of birth is after 1/1/2000, you must have a parent/guardian's permission