



RELEASE FORM FOR CEDARBURG MATDOGS

Name of Organization: **Cedarburg Matdogs**

Activity or Event: **Grant Schoen Beginners Tournament 2.4.2018**

Location: **Cedarburg High School**

Participant's Name: \_\_\_\_\_

I understand that participation in the above activity or event may be hazardous for the above named participant.

In signing below, I assume risk of harm or injury, which may occur to the participant as a result of participating in the above named event or activity. I hereby release **Cedarburg Matdogs** and its officers, employees, or agents from any liability, costs and damages resulting from this individual's participation.

\_\_\_\_\_/\_\_\_\_\_  
Participant's signature / Date

If the participant is a minor:

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_/\_\_\_\_\_  
Parent or Guardian signature / Date