



## Player & Spectator Waiver

### Carrie Tingley Hospital Foundation's 25<sup>th</sup> Annual Mudd Volleyball Tournament



The undersigned acknowledges and understands that participation in and attendance at the Mudd Volleyball Tournament subjects that person to potential risk of serious personal injury and/or property damage. Such risks are greater than those associated with participation and attendance at other sporting events. Each participant agrees that participation is voluntary and that such person assumes all risks of injury to person or property resulting from such participation or attendance at the event and further agrees and represents, as a condition to participating in the event, that such person has adequate insurance coverage to cover personal injuries, disabilities or injury to property that may arise out of participation in the event. Each participant, for themselves and on behalf of their heirs, representatives, assigns, insurers and any other person or entity claiming rights of subrogation or other rights by or through the participant, waives all claims against, releases and agrees to indemnify and hold harmless Carrie Tingley Hospital Foundation, Albertsons, and all corporate event sponsors, and any and all other parties involved in the planning or implementation of the Carrie Tingley Hospital Foundation's 25<sup>th</sup> Annual Mudd Volleyball Tournament as well as their employees and agents.

I understand that the annual Mudd Volleyball Tournament is a public event which is extensively recorded and photographed. I understand that members of the news media, as well private individuals, may photograph me at any time during the event, and while coming into and leaving the event premises. I consent to be recorded and agree that my likeness may be used for news reporting and promotional purposes without compensation to me.

Consent to Search and Confiscation of Alcohol: I understand that I may not bring any alcoholic beverages into the event premises. I CONSENT TO A SEARCH OF MY POSSESSIONS AND PERSON ON ENTERING THE GROUNDS. I further understand and consent to the event organizers confiscating any alcoholic beverages or products which I may attempt to bring into the event premises.

By signing this form, and by voluntarily participating in the event, each participant acknowledges that they have read, understood, consent to and agree with everything contained in this Agreement, Waiver and Release.

**PLEASE COMPLETE ALL INFORMATION BELOW AND RETURN FORM TO [lsciorilli@cthf.net](mailto:lsciorilli@cthf.net)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

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