

Delta Dollars For Scholars
1st Annual



Delta Eagle Bowl
Flag Football Tournament

**7 person teams for \$25.00 per player. Sign up individually or as a team.
Make checks payable to Delta Dollars for Scholars.**

Name _____ Shirt Size: M L XL XXL

Please Circle one of the following:

I wish to participate individually and be assigned a team

OR

I wish to participate on a team that I or someone else has gathered. Please state that team name:

Liability Waiver Form

To the best of my knowledge, I am in good physical condition and fully able to participate in 7 on 7 flag football tournament. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be dangerous. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this activity.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Delaware Community School Corporation, Delta Dollars for Scholars or any entity or person associated with these organizations (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in this activity, or while on or upon the premises where the activity is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind myself, the members of my family and spouse, and my heirs, assigns and personal representatives, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Liability Waiver Form shall be construed in accordance with the laws of the State of Indiana.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability Form, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; that no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Signature

Print Name

Date

Activity

Mail completed forms to: Heather Barnard, 605 E Harris Street, Eaton, IN 47338

For questions call: 765-396-2106(Heather Barnard) or 765-748-9820(Heather Barnard) or 765-747-0869 (Tom Johns)