

## Build A Dream 3v3 Tournament Roster



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

Grade Division: \_\_\_\_\_

### Participation Waiver

Please read this form carefully and be aware that by signing this form and participating in this program, you will be waiving and releasing all claims for injuries you might sustain arising out of this program. As a participant in this Oak Brook Park District program, I recognize and acknowledge that there are certain risks of physical injury, and I waive and relinquish all claims I may have as a result of participating in this program against the Oak Brook Park District and its officers, agents, servants, and employees. I further agree to indemnify, arising out of, connected with, or in any way associated with the activities of this program. I plan to participate in this program, and I hereby waive, release and forever discharge any and all claims against the Oak Brook Park District or its commissioners, employees, or volunteers for damages and/or injuries, including death which may arise from my participation in this program. I understand that I may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, life is in the balance. Written consent is required for all other treatment which is deemed non-life threatening. Accordingly, I do hereby authorize treatment for myself in the event of a medical emergency during my participation in this program. I have read and fully understand the Registration Policies, the "Release and Hold Harmless Agreement" and the "Emergency Treatment Permission" This release and medical authorization form is complete and signed of my own free will, even though I understand it is a requirement for participation in this program.

Name	Address	City	Phone	Signature

