



All individuals that are participating in the Battlefield Brawl football tournament must read the following information. By signing below, you, the participant (player, sponsor, volunteer) acknowledges your compliance and agreement to the following:

I understand that participation in Battlefield Brawl is voluntary. In consideration of the acceptance of this entry I waive all claims for myself and my heirs against the sponsors, cooperating and coordinating groups and any individuals associated with this event, including New World Flood, the Davies Project of Mid-Michigan, House of Promise, and The City of Lansing, and will hold them harmless for any and all injuries which may result from my participation. I hereby give my permission to the media to use my name and photograph in the newspaper, broadcast, and telecast of this event without limitation or obligation.

I certify that I am physically fit for this event and understand the risks involved by participating in this event. I also understand that good sportsmanship is a requirement of this event and I also understand that I am expected to act appropriately during this event (on and off the field). I understand that swearing; overly aggressive actions, and/or other unsportsmanlike conduct can result in disciplinary action, up to and including, dismissal of me and/or my team from the entire tournament. Alcohol consumption, illegal drug use or smoking is banned from the entire event area.

I also realize that this event is weather dependent and that in the event that it is determined that the weather creates an environment that is either unsafe and/or damaging to the facilities; the event may be cancelled. I am aware that the entrance fee and monies raised to participate will not be refunded. I understand that no monies will be refunded if the designated celebrity/X-Factor that was drafted for my team does not show or is late. I understand that the decisions that are ruled by the event committee or those individuals that have been designated are final.

In the event of an emergency, I permit the onsite medical/training staff to treat me for my injury; along with emergency/hospital staff, if needed.

Team Name: _____

Your Full Name: _____

Address: _____

Signature and Date: _____

Signature of Parent/Guardian (if under 18): _____

Emergency Contact Name: _____

Emergency Phone Number: _____