



PARTICIPANT WAIVER & RELEASE OF LIABILITY

PLEASE PRINT LEGIBLY

Participant's Name & Age: _____
(multiple minors of same household may be listed here)

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

READ BEFORE SIGNING

In consideration of being allowed to participate in any way with Carolina Dart Battles at the Core Athletics Facility or in its programs, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated customary terms and conditions of participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I for myself and on the behalf of my heirs, assigns, personal representatives and the next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS CAROLINA DART BATTLES, CORE ATHLETICS, their officers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of the premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent of the law.

Participant Signature **X** _____ Date: _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(UNDER 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, from the fullest extent permitted by law.

Parent/Guardian Name _____ Date: _____
(Please Print)

Parent/Guardian Signature **X** _____
Emergency Phone Number

*****THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED PRIOR TO PARTICIPATING IN CAROLINA DART BATTLES*****