

WAIVER OF LIABILITY FORM

APPLICANT'S DETAILS:

Last Name:
First Name:
Address:
Zip code: PH (Home)..... Ph (Work).....
Email:
Mobile-Phone:
Date of Birth.....

I hereby certify and decree that all the information contained in the declarations above is true and accurate.

Signature.....Printed:

Address in full

GUARDIAN'S CONSENT SIGNATURE REQUIRED: (for all persons under 18 years)

**DODGEBALL CAN BE DANGEROUS
The following conditions must be read carefully:**

Interpretation

"the Applicant" means the individual who signs this Contract and agrees to be bound by its terms and includes a guardian of that individual if the individual is under 18 years of age.

Waiver and Indemnity

In all cases, the Applicant for him/herself, his/her executors, administrators, dependents and other personal representatives, hereby absolves and indemnifies the providers and all their servants, agents, employees and other participants or persons under the providers control (the "indemnified") from all liability howsoever arising for injury or damage (including but not limited to the Applicants' person, whether fatal or otherwise, property and personal belongings) however caused including by the negligence of the indemnified, arising out of or participating in Northern Montana's Cultural & Visitors Center 2007 Dodgeball Tournament or in connection with Northern Montana's Cultural & Visitors Center 2007 Dodgeball Tournament or in anyway caused by, or arising out of, any activity carried on by the indemnified.

I, the Applicant, have been advised and understand that the practice of Dodgeball is potentially dangerous.

I, the Applicant, agree to participate at risk to myself and release to full extent permitted by law Northern Montana's Cultural & Visitors Center, and its agents, and servants, from all claims and demands of every kind in of or resulting from any accident or damage to property or injury or death to myself while undertaking participation in the Northern Montana's Cultural & Visitors Center 2007 Dodgeball Tournament.

Statement of Understanding

I, the Applicant have read, or have had read to me the above conditions and having understood the same, I consent to the activities proposed.

Signed (Applicant)

This (date) day of (month).....20.....

[This contract **must** be signed by a guardian if the Applicant is under the age of 18.]

Acceptance of Guardian

Full Name of Guardian

Signature:Printed:

Address of Guardian

.....Phone:

Date: