

2021 Pond Hockey Classic Roster and Waiver

Team Name:		
------------	--	--

THE UNDERSIGNED PARTICIPANTS do hereby:

- 1. Assume all risks and responsibility of possible damage or injury involved through participation in this program. I understand I am to furnish my own insurance in case of injury,
- 2. Certify that I am in good health and capable of participation in this activity,
- 3. Agree to indemnify and hold harmless the Fargo Park District from liability resulting from my participation in this program,
- 4. Confirm that all players signed below are 18 years or older, and
- 5. Agree that all team members will adhere to all tournament rules. Failure to do so will result in penalties including the removal of offending players from the tournament.

PRINTED NAME	EMAIL	BIRTHDATE	SIGNATURE

