

Brooke Anne Makowiec
Annual Softball Tournament
2017

Waiver Form

Participant Information – Please Print

First Name: _____ M.I. _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender (M/F): _____ Phone # _____

Role (**Circle one**) Coach Scorekeeper Team Member/Ball Player

Team Name: _____

Waiver Section – Please Read and Sign

In consideration of my or my child or ward's, participation in the above-referenced Softball tournament, I agree to assume the risks incidental to such participation and use (which risks may include, among other things, muscle injuries and broken bones).

Any injuries, no matter how minor, will be reported to either a Committee Member "B.A.M. Committee", or to the registration table.

By signing this agreement, you agree that any subsidiary affiliated with the B.A.M. Softball Tournament, will not be liable for any injuries, medical costs, etc., due to participation in the tournament.

Participant's Signature _____ Date: _____

Parent's signature if above participant is under 18 yrs. Old (**but needs to be a graduating senior**)

Photo Release Form

I hereby grant permission to the B.A.M (Brooke Anne Makowiec) tournament to use my photograph on its Web site or in other official printed publications without further consideration, and I acknowledge the tournament's right to crop or treat the photograph at its discretion. I also acknowledge that the tournament may choose not to use my photo at this time, but may do so at its own discretion at a later date. I also understand that once my image is posted on MMPL's Web site, the image can be downloaded.

Signature _____ Date: _____