

Accident Waiver and Release of Liability Form

I acknowledge that this activity may involve a test of a person's physical limits. I further acknowledge that it carries with the possibility of minor or serious injuries.

I understand that this release discharges tournament staff and the White Lake School from any liability or claim that I may have against them with respect to any bodily injury that may result from my participation during this tournament.

I certify that I have read this document and I fully agree and understand its content.

Signature: _____

Parent/Guardian Signature (if under 18): _____

Date: _____