The Big Showdown 2016 Medical Release and Waiver

I, the undersigned parent/guardian, do hereby grant permission for the participant listed below to attend and participate in The Big Showdown event. I understand that by attending and participating in this event, there is a possibility of physical illness or serious injury to him or her. I hereby waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against The Big Showdown, directors, the owners, staff, the sponsors/venue of the event or other associated representatives for any and all damages which he or she may sustain or suffer while attending or participating in the events.

Furthermore, I authorize the above directors to act for me according to their judgment in any emergency requiring medical attention. I understand and will be responsible for any and all medical bills that may be incurred on behalf of my child for physical illness or injury they may sustain during the event. I also understand that my child must be covered under a health insurance policy while attending The Big Showdown event.

Also, I hereby give permission for my child to be photographed, videotaped and/or audio taped to be used in print or broadcast media as deemed appropriate for promotion of any activity for the publicity surrounding participation in any of these events. I have read the above statement and agree in full to its content and hereby acknowledge that the information below is true and correct. I certify that I have medical insurance on my child that will provide coverage while he or she participates in the event above.

Coach:

Team Name:

Last Name	First Name	Phone Number 1	<u>Date</u>	Parent/Guardian Signature
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