2016 The Friendship Cup – Educational Sports Productions Inc
WAIVER/EXCLUSION CLAUSE

Please check one: ( ) Session 1 - July 11-12-13, 2016
( ) Session 2 - July 14-15-16, 2016
( ) Session 3 - July 18-19-20, 2016

Name of participant _____

Name of participant's High School _____

I, the undersigned parent/guardian/participant, in enrolling in the Friendship Cup tournament at Sports Express Volleyball Center in Mason, Ohio, understand that he/she/I, in attending the Friendship Cup and using the facilities, does so at his/her/my own risk.
Educational Sports Productions, Inc and its owners, employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about the Friendship Cup tournament on the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about the Friendship Cup tournament on the premises and she/he/I do/does hereby fully and forever release, discharge, and, hold harmless Educational Sports Productions Inc, all associated facilities, and its owners, employees, and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or arising out of any person's participation in the Friendship Cup tournament or use of its facilities. He/she/I understand(s) that failure to do so may result in suspension from participation.

I, the undersigned parent of/guardian of/ participant

_____

(please print name of parent or guardian)

Do hereby grant authority to the staff Educational Sports Productions Inc to render a judgement concerning medical assistance of hospital care in the event of an accident or illness during my absence.

_____

signature of parent/guardian Date