



Waiver of Liability and Photo Release | GotGame

Waiver of Liability and Photo Release for GotGame Promotions

I hereby understand and acknowledge that the tournaments and events held by GotGame Promotions may expose me to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with the participation including but not limited to falls, contact with other participants, the effects of the weather, including high heat and or humidity and all other such risks being known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with the participation in this activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity and I choose to participate. It is understood that before participating in any fitness activity, my doctor must first be consulted for personal risks/benefits.

After having read this waiver and knowing these facts, and in consideration of the acceptance of my participation in GotGame Promotions, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE GotGame Promotions, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in any GotGame Promotions, programs and or events.

I do hereby give GotGame Promotions, its assignees, licensees, and legal representatives the irrevocable right to use my name, video, picture, portrait, or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith.

By my signature, I indicate that I have read and understand this Waiver of Liability and Photo Release. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Participant's Name (Please print):

Participant's Signature: _____ Date: _____

In case of Emergency, contact:

_____ Phone: _____

Parent's signature if under 18 years of age:

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Signature:

_____ Date: _____