

## **2023 Tournament TEAM Registration**

Team Name:		Sport:	Date:
	Coach	and Assistant Coach Info	ormation
Name (Rank, La	st, First):		
Email:		Phone (Work):	(Cell):
Name (Rank, La	st, First):		
Email:		Phone (Work):	(Cell):
		Team Roster	
Rank/Status	Last Name	First Name	Male/Female - Age
(Dep, Civ, etc.)			

## WAIVER OF LIABILITY, HOLD HARMLESS, AND ASSUMPTION OF RISK AGREEMENT FOR THE BENEFIT OF THE U. S. MARINE CORPS

		Semper Fit , USMC, MCAS, Cherry
Point, North Carolina, to engage		
to be legally bound, hereby pro		
administrators, legal representa		
and claims for damages, demar	<del>-</del>	<del>-</del>
attributable to simple neglection		
persons/entities: the United St		
of the Navy; the U. S. Marine Cor	<del>-</del>	<del>-</del>
to or employed by the United Stat		
the Secretary of the Navy; the Co	<del>-</del>	
Cherry Point in both their office		
assigned thereto; and those pers	<del>-</del>	<del>-</del>
which said injuries arise as a	result of the participation	on which is the consideration
recited above.		
I ALSO VERIFY THAT I HAVE F	ULL KNOWLEDGE OF THE RELATED	RISKS. I EXPRESSLY, KNOWINGLY,
AND VOLUNTARILY ASSUME THE RISK		
OTHER BENEFICIARIES LISTED ABOVE	E, HARMLESS FOR ANY RESULTIN	G INJURY SUFFERED BY ME IN THE
COURSE OF SUCH USE OF FEDERAL PR	ROPERTY, INCLUDING, BUT NOT I	LIMITED TO, ANY INJURY SUFFERED
BY REASON OF PARTICIPATION IN OR	R USE OF	
WHICH MAY BE CAUSED BY THE NEGLI	CENCE OF EXITE OF ANY OFFED I	DEDCON WUFTUFD FMDIOVED BY TUE
FEDERAL GOVERNMENT OR NOT; OR .		
SUFFERED BY ME.	inti official income, of first has	ilota miliodivan, milon mil bi
COLLEGE ST III.		
I understand that this Wa	view of Tichility Hold How	omless and Assumption of Dish
Agreement will remain effective		cmless, and Assumption of Risk
notice of and approves cancellat	<del>-</del>	<del>-</del>
this agreement or cancel		
chis agreement of cancer	it, i will not be pe	ermitted to participate in
_	·	
I further agree to give t	ho II 9 Marino Corne writte	en notice of any claim or suit
possibly coming within the scope		
will be promptly delivered to		
Cherry Point. Upon written requ		
any claim, demand, action, or pr		
any claim, demand, accion, or pr	oceeding as soon as practice	ible.
		<del></del>
Printed Name of Participant	Signature of Participant	Date
Phone Number:	(Parent or Guardian of a	
<del></del>		
	Minor Child Participant)	
Printed Name of Witness	Cinnatura of Mitaga	Date