

Kickball Tournament REGISTRATION FORM and TEAM ROSTER

Self-Officiated Tournament

Team Name:							
	Coach	and Assis	stant Coach	Informatio	n		
Email:		Phone (Work):		(Ce	(Cell):		
Name (Last, First):						
Email:		Phone (Work):		(Ce	(Cell):		
			eam Roster				
Rank/Status (Dep, Civ, etc.)	Last Name		First Name		Male/Female and Age		

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

MCAS, Cherry Point, North Caundersigned participant, intend	ling to be legally bound, here heirs, executors, admit persons on my behalf any and any other actions whatsoev, which I may have against a tates of America; the Departm S. Marine Corps; MCAS, Cherry employed by the United States efense; the Secretary of the Manding Officer, MCAS, Cherry ties; any medical support or entities' representatives rise as a result of the particles.	, I the eby promise to waive nistrators, legal and all rights and er, including those my of the following ment of Defense; the Point, and any and s, including but not Navy; the Commandant Point in both their personnel assigned s, successors, and				
I ALSO VERIFY THAT I H EXPRESSLY, KNOWINGLY, AND VOLUN HOLD THE UNITED STATES AND ALL ANY RESULTING INJURY SUFFERED PROPERTY, INCLUDING, BUT NOT PARTICIPATION IN OR USE OF	OTHER BENEFICIARIES LISTED BY ME IN THE COURSE OF STANFORM LIMITED TO, ANY INJURY SUF	OLVED, AND AGREE TO ABOVE, HARMLESS FOR UCH USE OF FEDERAL				
WHICH MAY BE CAUSED BY THE NEGLIGENCE OR FAULT OF ANY OTHER PERSON, WHETHER EMPLOYED BY THE FEDERAL GOVERNMENT OR NOT; OR ANY OTHER INJURY, OF ANY NATURE WHATSOEVER, WHICH MAY BE SUFFERED BY ME.						
I understand that this Wa of Risk Agreement will remain Cherry Point receives notice of that, should I decline to exec permitted to participate in	and approves cancellation. In the state of the same of	ding Officer, MCAS, I further understand it, I will not be				
I further agree to give the U. S. Marine Corps written notice of any claim or suit possibly coming within the scope of indemnity provided for by this Agreement. Such notice will be promptly delivered to the Civil Law Section, Legal Services Support Team, MCAS, Cherry Point. Upon written request of an indemnitee, indemnitor will assume the defense of any claim, demand, action, or proceeding as soon as practicable.						
Printed Name of Participant	Signature of Participant	Date				
Phone Number:	(Parent or Guardian of a					
	Minor Child Participant)					



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PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 5013; 10 U.S.C. 5041; MCO P1700.27B W CH 1; MCO 1700.39; E.O. 9397, as amended; and SORN NM01700-1.

PRINCIPAL PURPOSE: Information requested will be used to manage and administer Marine Corps Morale, Welfare, and Recreation (MWR) services provided to authorized patrons.

ROUTINE USES: To Marine Corps MWR personnel with a need-to-know to meet the purpose. In addition, a complete list and explanation of applicable Routine Uses is included in SORN NM01700-1, "DON General Morale, Welfare, and Recreation Records," accessible at http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570424/nm01700-1/.

DISCLOSURE: Providing this information is voluntary; however, failure to provide requested information may result in an inability to access Marine Corps MWR services.

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information varies based on the service provided. Send comments regarding burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.