



## 2023 Tournament TEAM Registration

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Team Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Date: \_\_\_\_\_

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### Coach and Assistant Coach Information

Name (Rank, Last, First): \_\_\_\_\_

Email: \_\_\_\_\_ Phone (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Name (Rank, Last, First): \_\_\_\_\_

Email: \_\_\_\_\_ Phone (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

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### Team Roster

Rank/Status (Dep, Civ, etc.)	Last Name	First Name	Male/Female - Age

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

In consideration for permission granted me by MCCS - Semper Fit, USMC, MCAS, Cherry Point, North Carolina, to engage in \_\_\_\_\_, I the undersigned participant, intending to be legally bound, hereby promise to waive for myself, my guardians, heirs, executors, administrators, legal representatives, and any other persons on my behalf any and all rights and claims for damages, demands, and any other actions whatsoever, including those attributable to simple neglect, which I may have against any of the following persons/entities: the United States of America; the Department of Defense; the Department of the Navy; the U. S. Marine Corps; MCAS, Cherry Point, and any and all individuals assigned to or employed by the United States, including but not limited to: the Secretary of Defense; the Secretary of the Navy; the Commandant of the Marine Corps; the Commanding Officer, MCAS, Cherry Point in both their official and personal capacities; any medical support personnel assigned thereto; and those persons or entities' representatives, successors, and assigns; which said injuries arise as a result of the participation which is the consideration recited above.

**I ALSO VERIFY THAT I HAVE FULL KNOWLEDGE OF THE RELATED RISKS. I EXPRESSLY, KNOWINGLY, AND VOLUNTARILY ASSUME THE RISK(S) INVOLVED, AND AGREE TO HOLD THE UNITED STATES AND ALL OTHER BENEFICIARIES LISTED ABOVE, HARMLESS FOR ANY RESULTING INJURY SUFFERED BY ME IN THE COURSE OF SUCH USE OF FEDERAL PROPERTY, INCLUDING, BUT NOT LIMITED TO, ANY INJURY SUFFERED BY REASON OF PARTICIPATION IN OR USE OF \_\_\_\_\_.**

**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 Wavier of Liability, Hold Harmless, and Assumption of Risk Agreement will remain effective until the Commanding Officer, MCAS, Cherry Point receives notice of and approves cancellation. I further understand that, should I decline to execute this agreement or cancel it, I will not be permitted to participate in \_\_\_\_\_.

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)	
_____	_____	_____
Printed Name of Witness	Signature of Witness	Date