

2025 Tournament TEAM Registration

Team Name:		Sport:	Date:
	Coach	and Assistant Coach Info	ormation
Email:		Phone (Work):	(Cell):
Name (Rank, La	st, First):		
Email:		Phone (Work):	(Cell):
		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

Point, North Carolina, to engage to be legally bound, hereby pradministrators, legal represent and claims for damages, demonstrated to simple negling persons/entities: the United of the Navy; the U. S. Marine Coto or employed by the United States	re in, I the under comise to waive for myself, relatives, and any other persons ands, and any other action ect, which I may have action of the States of America; the Depart orps; MCAS, Cherry Point, and actes, including but not limited	Semper Fit , USMC, MCAS, Cherry dersigned participant, intending my guardians, heirs, executors, on my behalf any and all rights whatsoever, including those gainst any of the following ment of Defense; the Department any and all individuals assigned d to: the Secretary of Defense;
Cherry Point in both their off assigned thereto; and those pe	icial and personal capacities rsons or entities' representa	s; the Commanding Officer, MCAS, ; any medical support personnel tives, successors, and assigns; on which is the consideration
AND VOLUNTARILY ASSUME THE RISOTHER BENEFICIARIES LISTED ABO	SK(S) INVOLVED, AND AGREE TO VE, HARMLESS FOR ANY RESULTIN PROPERTY, INCLUDING, BUT NOT	RISKS. I EXPRESSLY, KNOWINGLY, HOLD THE UNITED STATES AND ALL NG INJURY SUFFERED BY ME IN THE LIMITED TO, ANY INJURY SUFFERED
		PERSON, WHETHER EMPLOYED BY THE ATURE WHATSOEVER, WHICH MAY BE
Agreement will remain effective notice of and approves cancella	e until the Commanding Offication. I further understand t	rmless, and Assumption of Risker, MCAS, Cherry Point receives hat, should I decline to execute ermitted to participate in
possibly coming within the scowill be promptly delivered to	pe of indemnity provided for the Civil Law Section, Lega quest of an indemnitee, indemr	en notice of any claim or suit by this Agreement. Such notice l Services Support Team, MCAS, nitor will assume the defense of able.
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