

## **WAIVER AGREEMENT**

I, and my heirs, hereby release the Iron Mountain School, the Iron Mountain School District and all its employees, officers, volunteers, and agents, from any liability for damages to or loss of personal property, sickness and injury from whatever source, legal entanglement, imprisonment, death, loss of money, etc., for which the above is not culpable, which might occur while participating in this tournament. I also give my permission for my child to be administered any emergency medical treatment deemed necessary by a qualified physician.

	<b>PLAYER'S NAME</b>	<b>PARENT'S SIGNATURE</b>	<b>DATE</b>
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**Please return this form with your entry or on the day of the tournament.**