

DODGEBALL TOURNAMENT

Sponsored by Allen-Kramp Wealth Management

Waiver to participation in the Hancock County Fair 2023 Annual Dodgeball Tournament

Must be Signed By All Participants

Name of Participant: _____ Age of Participant: _____

Team Name: _____

Emergency Contact Telephone Number: _____

The undersigned requests that I or, where applicable, the participant _____, has permission to participate in the 3rd Annual HCAS Dodgeball Tournament on August 31, 2022. All activities incidental or related to the 3rd Annual HCAS Dodgeball Tournament are covered by and agree to the following terms:

1. I understand that I, or where applicable, my minor child, will be solely responsible for the actions, conduct and safety of the participant during the activity, including following all rules, regulations, and instructions.
2. I understand that there are certain risks inherent in participation in the Tournament and the activities incidental or related thereto.
3. I knowingly and voluntarily assume the risk of injury, illness, or other harm due to any act, event, or omission related to my participation.
4. I understand that participation of the participant is entirely voluntary.
5. I release, discharge, covenant not to sue, indemnify, hold harmless, and absolve Hancock County Agricultural Society (HCAS) and sponsors from and against any and all injuries, property damage, or any loss, damages, or expenses by or behalf of the participant arising from or in any manner related to the Annual HCAS Dodgeball Tournament.
6. If signing on behalf of a minor child, I understand that I am waiving and releasing any right of the minor child and any right that any parent or guardian might have to sue or make claim against HCAS and sponsors for any act or omission, event, or injury to the minor child that they might sustain during the course of or arising out of the Annual HCAS Dodgeball Tournament.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS AGREEMENT INCLUDES A WAIVER OF LIABILITY AND RELEASE, AN ASSUMPTION OF RISK, AND AN AGREEMENT BY ME TO IDENTIFY THE RELEASES AND I SIGN IT OF MY OWN FREE WILL.

Print Name of Participant: _____ Date: _____

Signature of Participant: _____

Signature of Parent or Guardian (If under 18): _____

Print Name of Parent or Guardian: _____

sponsored by:



Allen-Kramp
Wealth Management

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