

**KPL 2016 Fall Tournament**

Venue: Pfizer Ground, 7000 Portage Rd

Time: 7:30 a.m. – 9:00 p.m.

Date:

***Waiver Statement***

The undersigned player and the captain of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree that KPL 2016 Fall Tournament and/or the planning committee of the tournament, executive board, agents or Employees will not be held responsible for any accident, injury (for any reason) or loss, however caused and agree to release all parties from all claims or damages which may arise as a result of or by reason of such accident, injury (for any reason), loss or medical expenses.

The Organizing Panel of KPL 2016 Fall Tournament reserves the right to terminate the stay of any player/team without refund and without formal hearing, when it is deemed to be in the best interest of either the player or the team as determined the Organizing Panel of KPL 2016 Fall tournament. The Organizing Panel of KPL 2016 Fall Tournament reserves the exclusive right to establish and determine the standards of conduct, behavior, and performance of participants engaging in the tournament and to acquire compliance with such standards as a condition to continued participation in the tournament.

The undersigned hereby further consent to the Organizing Panel of KPL 2016 Fall Tournament that all expenses relating to medical treatment during the term of his/her participation in the tournament will fall directly under the undersigned player.

I Captain’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ take responsibility\* of my team mates.

All the player’s initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name and telephone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note: In case of any violence this will be a proof of evidence against you so please read it before signing the same. \*Take print out and get sign from each player, if needed.)