All proceeds benefit Special Olympics Delaware

2017 Dodgeball Madness Participant Waiver Form

Name ____________________________ Dodgeball Team Name ____________________________

Street ____________________________ City ______ State ______ Zip ______

Phone ____________________________ E-mail Address ____________________________

Waiver and Release

In consideration of participating in Dodgeball Madness 2017, I represent that I understand the nature of the event and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such event. I acknowledge that the event conditions to be unsafe, I will immediately discontinue participation in the event.

I fully understand the event involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the ‘releasees’ named below; and that there may be other risks not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the event.

I hereby release, discharge, and covenant not to sue Special Olympics Delaware, Special Olympics, Inc., and/or their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the Releasees’ herein) from all liability, claims, demands, losses, or damages on my account and/or that of my minor child caused and alleged to be caused in whole or in part by the negligence of the ‘releasees’ or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child’s behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

Print Participant Name ____________________________

Participant Signature ____________________________ Date ______

If under 18, Signature of Parent/Guardian ____________________________ Date ______

presented by

Special Olympics Delaware

Torch Run for Special Olympics Delaware