

**SANDUSKY COUNTY
FAIRGROUNDS
DODGE BALL LIABILITY &
RELEASE FORM**

Name: _____ DOB _____

Address: _____

Phone Number _____

LIABILITY RELEASE/TERMS & CONDITIONS:

I assume all risks and such hazards incidental to such participation, and I hereby release the Sandusky County Agricultural Society, their employees and board of directors from any and all liability arising from injury or injuries sustained while participating in this tournament.

This organization assumes no responsibility for any damage to or loss of any personal or team property. I hereby authorize the directors and/or employees of the Sandusky County Agricultural Society to obtain medical care for injuries of which might occur during this tournament.

Signature _____ Date _____

If participant is under the age of 18 years of age, the following must be completed.

Parent's Name _____ Phone _____

Parent's Signature _____ Date _____

(If under the age of 18, required)

I hereby give my permission and approval for my child to participate in this activity.

This Liability & Release form is required for all participants and for those under the age of 18, must have a parent's signature.

