

2023 Tournament TEAM Registration

Team Name:		Sport:	Date:
	Coach	and Assistant Coach Info	ormation
Name (Rank, La	st, First):		
Email:		Phone (Work):	(Cell):
Name (Rank, La	st, First):		
Email:		Phone (Work):	(Cell):
		Team Roster	
Rank/Status	Last Name	First Name	Male/Female - Age
(Dep, Civ, etc.)			

WAIVER OF LIABILITY, HOLD HARMLESS, AND ASSUMPTION OF RISK AGREEMENT FOR THE BENEFIT OF THE U. S. MARINE CORPS

Point, North Carolina, to engage to be legally bound, hereby padministrators, legal represent and claims for damages, demattributable to simple negative persons/entities: the United of the Navy; the U. S. Marine C to or employed by the United St the Secretary of the Navy; the Cherry Point in both their off assigned thereto; and those persons.	ge in, I the under romise to waive for myself, in tatives, and any other persons ands, and any other action lect, which I may have action states of America; the Depart orps; MCAS, Cherry Point, and lates, including but not limited Commandant of the Marine Corps ficial and personal capacities ersons or entities' representations.	Semper Fit , USMC, MCAS, Cherry dersigned participant, intending my guardians, heirs, executors, on my behalf any and all rights s whatsoever, including those gainst any of the following ment of Defense; the Department any and all individuals assigned to: the Secretary of Defense; s; the Commanding Officer, MCAS, ; any medical support personnel tives, successors, and assigns; ton which is the consideration
AND VOLUNTARILY ASSUME THE RIOTHER BENEFICIARIES LISTED ABO	SK(S) INVOLVED, AND AGREE TO OVE, HARMLESS FOR ANY RESULTIN PROPERTY, INCLUDING, BUT NOT	RISKS. I EXPRESSLY, KNOWINGLY, HOLD THE UNITED STATES AND ALI NG INJURY SUFFERED BY ME IN THE LIMITED TO, ANY INJURY SUFFERED
		PERSON, WHETHER EMPLOYED BY THE ATURE WHATSOEVER, WHICH MAY BE
Agreement will remain effective notice of and approves cancella	ve until the Commanding Office ation. I further understand t	rmless, and Assumption of Risker, MCAS, Cherry Point receives hat, should I decline to execute ermitted to participate in
possibly coming within the scowill be promptly delivered to	ope of indemnity provided for the Civil Law Section, Lega quest of an indemnitee, indemr	en notice of any claim or suit by this Agreement. Such notice l Services Support Team, MCAS, nitor will assume the defense of able.
Printed Name of Participant	Signature of Participant	 Date
Phone Number:	(Parent or Guardian of a Minor Child Participant)	
Printed Name of Witness	Signature of Witness	Date