



Liability and Release Form

In consideration for being accepted by the South Jersey Dream Center for participation in, **Dodge Hunger Dodgeball Tournament** at the location of **Riverwinds Community Center, 1000 RiverWinds Drive, West Deptford, from 12:00 - 4:00pm on Saturday, November 3, 2018**, I do hereby release, forever discharge, and agree to hold harmless the South Jersey Dream Center, Inc, and the directors and volunteers thereof, from any liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature which may be incurred by the undersigned and the participant that occur while said person is participating in the above described trip or activity including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

The undersigned further consents to the administration of first-aid and / or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees and agents from any acts of malfeasance, and / or failure to act on those chosen to administer medical care on behalf of the participant.

The undersigned further consents to the South Jersey Dream Center (SJDC) to reproduce, and/or publish all written and/or visual materials, including photographs (which are described below) that may pertain to me. I understand that this material may be used in various publications, public affairs releases, or for other related endeavors. This material may also appear on the SJDC website. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, SJDC may publish materials, use my name, photograph, and/or make reference to me in any manner that SJDC deems appropriate.

Participant's Name (Print)

Participant's Signature

Parent/Guardian Name (Print) If under 18 yrs. old

Parent/Guardian Signature

Signed this _____ day of _____ 2018

Home Address _____

City _____ State _____ Zip _____

Parent Contact Phone Number () _____

Parent email address: _____

Home Phone () _____

Mobile Phone () _____

Participant's Insurance Company (Optional)

Participant Insurance Policy Number (Optional)

Please list any and all medications that your child is actively participating:

Director's Signature _____