



# Human Foosball Tournament

Saturday August 19<sup>th</sup>  
Downtown East Moline – 15<sup>th</sup> Avenue  
Registration Form & Waiver



Team Name \_\_\_\_\_ Phone \_\_\_\_\_

Team Captain \_\_\_\_\_ Email \_\_\_\_\_

Fee \$75.00       Paid       Cash       Check      Check Number \_\_\_\_\_

Signed by Team Captain \_\_\_\_\_

## AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

**Only the team captain must sign the waiver at the time of registration.  
Other Team Members may sign at the start of the tournament on Saturday August 19<sup>th</sup>.**

### Waiver:

I wish to participate in the FC Legends Freedom Fest Human Foosball Tournament. I state and affirm that:

- 1) My participation is voluntary. No one is forcing me to participate.
- 2) I understand and acknowledge the Activity I am about to voluntarily engage in as a participant has risks, including but not limited to sprains, strains, cuts, bruises, broken bones, head injuries. I understand these risks known and unknown, anticipated or unanticipated may result in injury, death, illness, disease, or damage to myself or my property, or to other persons and their property.
- 3) In consideration of being allowed to participate in the Activity, I hereby personally assume all risks in connection with the Activity and I hereby agree to hold Legends, its officials, East Moline Main Street, the City of East Moline, employees, agents, members and sponsors harmless and I waive any right to make claims or bring lawsuits against any members or anyone working on their behalf for any injuries or damages related to any alleged negligence.
- 4) I understand that entering and signing the agreement affects my legal rights and result in my giving up or waiving certain legal rights and I accept this and sign this agreement of my own free will.
- 5) The terms of the agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
- 6) I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

**SIGNING MY NAME IN THE FOLLOWING FIELD WILL ACT AS MY SIGNATURE FOR THE ABOVE WAIVER AND RELEASE.**

Team Name: \_\_\_\_\_

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____