

Please print this page, sign and date the waiver statement below. Send to the address below (with a check if paying by check). If paying by PayPal, you may Fax the signed waiver to 206-202-4549 or scan the signed waiver and email as an attachment to waiver@usapa.org .

USAPA NATIONAL TOURNAMENT
PO BOX 7354
SURPRISE, AZ 85374

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

I recognize and understand that there are certain inherent risks to which I will be exposed because of the nature and level of the sports activity for which I have registered. I understand and agree that USAPA and Pulte/Del Webb, Sun City Festival, their agents and officials assume no responsibility for injury or illness I may sustain as a result of my physical condition or my participation in any USAPA/Pulte/Del Webb/Sun City Festival event. I understand it is my responsibility to provide my own accident and health coverage and that USAPA/Pulte/Del Webb/Sun City Festival, their agents and officials, do not provide any accident or health insurance for their participants or volunteers. I also give permission for the USAPA/Pulte/Del Webb/Sun City Festival to use or distribute, without limitation or obligation, any record of the events which may include my voice or image. As evidenced by my signature, I hereby, for my heirs, administrators and assigns, release, waive and hold harmless USAPA/Pulte/Del Webb/Sun City Festival from any manner of claims or lawsuits that may result from my participation in this event.

SIGNATURE

DATE

PRINTED NAME

SIGNATURE OF PARENT OR GUARDIAN FOR PLAYERS UNDER 18

DATE