

The 7<sup>th</sup> Annual!!

# Romp In The Swamp

Presented by IAFF Local 2396  
**\*Minor Release Form \***

IN CONSIDERATION of allowing the below MINOR participant to compete in the **Romp In the Swamp** the above event and/or activities ("Event(s)") and/or being permitted to enter for any EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives or family member agrees:

1. If the participant feels the event is proceeding in an unsafe manner or under unsafe conditions, the participant shall make this known to a tournament staff member and withdraw if the participant feels the concerns have not been rectified.
2. The parent, legal guardian or representative of the participant shall make it known to the participant of the rules and procedures of the event. The parent, legal guardian or representative agrees that the participant is fit enough in physical ability to participate in said event.
3. We agree that the participant will be involved in an event that could cause damage to personal property, injury or even death due to the participants inaction or actions and severe social and economic losses which might result not only from my own actions, inaction's or negligence, but the actions, inaction's or negligence of others, the rules of play, the condition of the premises, or of any equipment used. Further, there may be other risks not known or not reasonably foreseeable at this time.
4. We release, waive, discharge and covenant not to sue Romp In The Swamp INC, its affiliated organizations, their respective administrators, directors, agents, staff, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasers"

WE HAVE READ THE ABOVE WAIVER AND RELEASE, I UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.

Participant's Name: \_\_\_\_\_ Minors Age: \_\_\_\_\_

(PLEASE PRINT)

Participant's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

(PLEASE PRINT)

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_