

Parent Permission Form/ Player Release Form

Team Name: _____

Player's Name: _____ **Age:** _____

I/We hereby give my/our approval to our son's/daughter's participation in the Identity Student Ministries Dodgeball Tournament. I/We recognize the possibility of physical injury associated with the sport of dodgeball. I/We assume all risks incidental to such participation, and do hereby release Identity Student Ministries, Colfax Assembly, the tournament coordinator, the volunteers, and Colfax High School; from any and all liabilities, claims, damages and expenses, whether known or unknown, sustained by the player or by the undersigned which in any way arise out of, or connected with or related to participation by the player in the tournament (including transportation to and from the game site).

Parent or Guardian Signature:

Printed Name:

Player's Signature:

Printed Name: