

Assumption of Risk Agreement and Release

To the fullest extent permitted by law, I hereby consent and agree to assume all responsibility for any and all risks of damage or injury to myself or my property that may occur in, on or about the facilities used in connection with the Live Like John tournament and that I use such facilities, equipment, and instruction at my own risk.

To the fullest extent permitted by law, I hereby fully and forever release and discharge the Live Like John Tournament, St. Rita of Cascia High School and the employees of the school/facility and tournament, from any and all liability, claims, demands, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, which may accrue to myself, for any damage or injury which I may receive either in, on or about the facilities or while utilizing the facilities, equipment or instruction of the tournament.

I hereby acknowledge that I am the sole judge of my own physical abilities and condition to engage in the tournament for which this release is given. In the event of an emergency, I give the tournament staff permission to act accordingly to my best interests.

PARTICIPANT'S NAME (PLEASE PRINT)

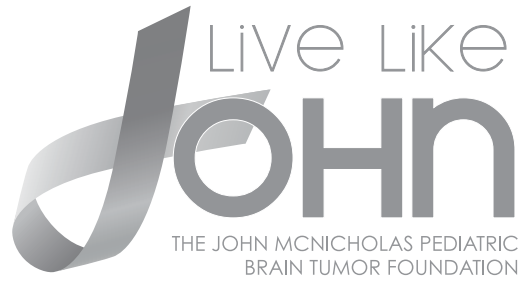
PARTICIPANT'S SIGNATURE

PARENT/GUARDIAN NAME (PLEASE PRINT)
NECESSARY IF PARTICIPANT IS UNDER 18 YEARS OLD

PARENT/GUARDIAN SIGNATURE

DATE

EMERGENCY CONTACT NUMBER



General Video/Picture Release Form

I hereby consent to and authorize the use and reproduction by you and anyone authorized by you, of any and all photographs or other types of images, voice recordings and/or video that you have this day taken of me or recorded, with or without my name, for any purpose whatsoever, including, without limiting the promotion and activities of and for the John McNicholas Pediatric Brain Tumor Foundation.

I AM 18 YEARS OF AGE OR OLDER.*

DATE

LOCATION

NAME (PLEASE PRINT)

SIGNATURE

TELEPHONE

***IF A MINOR, THE FOLLOWING SHOULD ALSO BE SIGNED BY THE PARENT OR GUARDIAN.**

I am the parent or guardian of the minor named above, and I hereby grant consent on behalf of the minor and myself.

DATE

NAME (PLEASE PRINT)

SIGNATURE

RELATIONSHIP

TELEPHONE