

2017 Release & Waiver of Liability Wiffle Ball Form

Upon accepting my application and in consideration of allowing me to enter this event, which I agree is at my own risk and entirely of my own free will I hereby myself and on behalf of my heirs, executors, administrators, and assigns waive, release, and discharge the Village of Lynchburg, ALL IN for Autism, volunteers, sponsors, promoters from any responsibility of liability what so ever for any losses, injury, or other damage sustained in any activities during or surrounding the event. Please mail with your registration.

THIS IS A LEGAL DOCUMENT, BY SIGNING BELOW; I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT.

There will no refunds after the stated deadline for cancellation.

I hereby agree to these terms and conditions (Participant/Guardian):

Name: _____ Signature _____ Date: _____

Name: _____ Signature _____ Date: _____

Name: _____ Signature _____ Date: _____

Name: _____ Signature _____ Date: _____

Name: _____ Signature _____ Date: _____

Name: _____ Signature _____ Date: _____