



LIABILITY FORM

ZEBRA VOLLEYBALL TOURNAMENT APRIL 21, 2024

I hereby give permission for the leaders, employees, volunteers, or agents of Saruni International to seek and secure any needed medical attention or treatment for myself, including hospitalization, if necessary. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and I agree to pay for said medical treatment.

I agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of myself during such activities.

EMERGENCY CONTACT

Emergency Contact Name: _____

Emergency Phone Number: _____

PARTICIPANT INFO

Printed Name: _____

Email Address: _____

Phone Number: _____

Signature: _____

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