

**GRILLE IT UP  
BED RACE  
INDIVIDUAL PLAYER WAIVER**

**Waiver & Medical Authorization**

In consideration of being permitted to participate in the City of Dexter Grille It Up Bed Race tournament, I, the undersigned participant: (i) recognize and acknowledge that such activity may involve risk of bodily injury or property damage, (ii) assume full responsibility for and risk of any bodily injury, damage or loss which may occur as a result of participating in such activity, (iii) release, waive, discharge and covenant not to sue the Dexter Parks and Recreation Department, the City of Dexter and their administrators, officers, employees, members of governing and advisory bodies, representatives, agents, coaches, officials and volunteers (the "releases") from all liability to the undersigned for any and all damage or loss, and any claim or demand therefore, on account of injury to my person or property, whether due to negligence of the releases or otherwise, as a result of participating in any such activity or program, (iv) agree to indemnify and hold harmless the releases identified above from any and all loss, liability, damage or cost that they may incur as a result of my participation in any such activity or program, (v) in the event of any injury or illness while participating in such activity or program, authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and (vi) consent to my picture being used for publicity or promotional purposes.

**I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND MEDICAL  
AUTHORIZATION AND VOLUNTARILY SIGN IT.**

Print name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Player Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Team Name: \_\_\_\_\_