NOVEMBER KNOCKOUT

Liability Waiver and Release of Claims
Event Name: November Knockout | **Event Date:** November 29th | **Location:** Coppell High School
Organizer: ReachEquilibria

Participant Information

Full Name: _____
Date of Birth: _____
Address: _____
Emergency Contact Name/Phone: _____

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1. Assumption of Risk
I acknowledge that participation in the November Knockout tournament involves strenuous physical activity, sudden movements, and competitive play. Risks may include slips, trips, falls, sprains, fractures, concussions, collisions, or other injuries. Environmental conditions (court surface, equipment placement, lighting, etc.) may also pose hazards. I voluntarily accept these inherent risks despite safety measures in place.

2. Media Consent and Release
I acknowledge and grant consent to participate in the production of media, which may be used to show my image, likeness, voice, performance, and more, which may be personally identifiable to the general public, to be posted on all our social platforms and media outlets. I grant “Released parties” and their affiliates perpetual right to use the Media for personal or commercial use.

3. Release and Waiver of Liability
In consideration of being allowed to participate, I release and discharge **ReachEquilibria**, its organizers, volunteers, sponsors, referees, facility owners, and all affiliated parties (“Released Parties”) from any claims, demands, damages, or liabilities arising from my participation, including but not limited to property damage, personal injury, or wrongful death, whether caused by negligence or otherwise, to the fullest extent permitted by law.

4. Medical Authorization
I consent to first aid or emergency medical care as deemed necessary by qualified personnel. If needed, I authorize transport to a medical facility. I understand treatment will not be delayed due to the inability to reach my emergency contact. I assume full financial responsibility for all related costs.

5. Fitness to Participate
I affirm that I am in good physical health and medically fit to play. I will not participate if I feel unwell, injured, or impaired by alcohol, drugs, or other substances. I have consulted a physician regarding any health concerns before the event.

6. Insurance
I understand that the Released Parties do not provide health, accident, or liability insurance. I confirm that I have adequate insurance coverage or accept full responsibility for all medical expenses and financial losses that may result from my participation in this activity.

7. Compliance with Rules and Conduct
I agree to follow all tournament rules and instructions from referees, staff, and volunteers. I will compete with sportsmanship, avoiding foul language and violence, and respecting others and their property. I understand that violations may result in disqualification or removal without refund, and I am liable for any damages that my conduct may cause.

8. Indemnification
I agree to indemnify, defend, and hold harmless the Released Parties from any claims, damages, or expenses—including attorney’s fees—arising from my participation, actions, or omissions.

9. Severability & Acknowledgment
If any provision of this waiver is found invalid or unenforceable, the remaining provisions remain in effect. I have read and fully understand this waiver, and I voluntarily give up substantial legal rights, including my right to sue the Released Parties. I sign this freely and without coercion. If under 18, my parent/guardian has reviewed and signed on my behalf.

Participant Signature: _____ Date: _____
Parent/Guardian Signature (if under 18): _____ Date: _____