

LIABILITY RELEASE FORM

To: LITTLE FENWAY WEST, RIVER ROCK RANCH ENTERPSISES LLC, MULGANNON BUSINESS GROUP INC., DENNIS MULGANNON, CECILY RUSSELL both personally:

Event or Activity: LITTLE FENWAY WEST CHARITY WIFFLE BALL TOURNAMENT SEPT. 19, 2021

Participant: \_\_\_\_\_

I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the event or activity. I release the organization or business named above from all liability, costs and damages which might arise from participation in the above named event or activity.

If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

**Sign Here if Participant is an Adult**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign Here if Participant is a Child**

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_