



# RMHC LIABILITY WAIVER 2024

In consideration of acceptance of my entry into the Ronald McDonald House Charities Annual Volleyball Tournament on Saturday, June 8, 2024, I, for myself, fully and forever waive and release any and all rights and claims for any injuries and/or damages, resulting in unintended injury, and any other actions or demands whatsoever in nature, I may have against Ronald McDonald House Charities of Central Ohio, 711 E. Livingston Ave, Columbus, OH 43205. Further, I waive and release of liability all agents, employees, volunteers and sponsors acting for or on behalf of Ronald McDonald House Charities of Central Ohio. I am aware of the inherent risks involved in the event, and I voluntarily assume these risks.

As a condition of my participation in this event, I hereby grant Ronald McDonald House Charities of Central Ohio a limited license to use my name, likeness, image and/or video for the purpose of advertising or promoting the event and Ronald McDonald House Charities of Central Ohio. The foregoing does not constitute consent to use my likeness in an endorsement of any service without my written consent.

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

Team Captain: \_\_\_\_\_

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## PLAYER 1 (TEAM CAPTAIN)

Name Printed: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PLAYER 2

Name Printed: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PLAYER 3

Name Printed: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PLAYER 4

Name Printed: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PLAYER 5 (ALTERNATE)

Name Printed: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PLAYER 6 (ALTERNATE)

Name Printed: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this waiver to Darla Stover, [darla.stover@RMHC-centralohio.org](mailto:darla.stover@RMHC-centralohio.org), by June 7th, 2024.**