# TFUSA Regional Women's Throwball Championship

# 2026

## Participant Waiver and Release of Liability

Please read this Waiver carefully before signing. By signing below, you acknowledge that you understand and agree to the terms and that you are waiving certain legal rights.

This Waiver and Release of Liability applies to participation in the TFUSA Regional Throwball Championship Women 2026 scheduled for **September 12, 2026** (Saturday) at ***47 READINGTON ROAD - BRANCHBURG, NJ 08876*** (the "Event" and the "Venue").

For purposes of this Waiver, TFUSA refers to the Throwball Federation of United States of America, including its officers, directors, employees, volunteers, agents, sponsors, organizers, and affiliates.

### 1. Acknowledgment of Risk and Voluntary Participation

I acknowledge that I am voluntarily choosing to participate in the TFUSA Regional Throwball Championship Women 2026.

Participation in sporting events such as throwball involves inherent and foreseeable risks including physical exertion, bodily injury, collisions with participants or equipment, slips or falls, facility conditions, weather conditions, and other potential risks associated with competitive sporting activities.

I understand that my participation is voluntary and I choose to participate despite these risks.

I certify that I am physically fit and adequately trained to participate and that I have no medical condition that would make participation unsafe. I knowingly and voluntarily assume all risks, both known and unknown, associated with my participation in the Event.

### 2. Release of Liability

In consideration of being allowed to participate in the Event, I hereby release, waive, and discharge TFUSA, its officers, directors, employees, volunteers, agents, sponsors, organizers, and the owner/operator of the Venue from any and all claims, damages, losses, or expenses arising out of or related to my participation in the Event or my presence at the Venue.

This release includes claims for personal injury, illness, disability, property damage, or death, whether arising from the negligence of the Releases or otherwise, to the fullest extent permitted by applicable law.

### 3. Medical Authorization and Release

I authorize the Releases to secure or provide emergency medical care or treatment if deemed necessary. I understand that I am responsible for all medical costs incurred and release the Releases from liability related to any medical care decisions made on my behalf.

### 4. Indemnification

I agree to indemnify and hold harmless the Releases from any claims, damages, liabilities, costs, or expenses arising from my participation in the Event, my breach of this waiver, or claims brought by third parties resulting from my actions during the Event.

### 5. Photography, Video, and Media Consent

I grant TFUSA the irrevocable right to use my name, voice, image, and likeness in photographs, videos, livestreams, promotional materials, websites, social media, and other media formats for lawful promotional or archival purposes without compensation.

### 6. Compliance with Event Rules

I agree to follow all Event rules, venue regulations, and instructions provided by TFUSA officials, referees, and staff. Failure to comply may result in removal from the Event.

### 7. Governing Law

This Waiver shall be governed by the laws of the State of New Jersey and the federal laws of the United States applicable therein. Any disputes shall fall under the jurisdiction of the courts located in North Carolina.

### 8. Severability

If any provision of this Waiver is found invalid or unenforceable, the remaining provisions shall remain in full force and effect.

### 9. Entire Agreement

This Waiver represents the entire agreement between the parties regarding participation in the Event and supersedes any prior agreements. Any modification must be made in writing and signed by TFUSA.

**Participant Information**

Participant Name (Print): _____

Date of Birth: _____

Team Name: _____

Email Address: _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Participant Signature: _____

Date: _____

**For Participants Under 18 Years of Age**

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

****I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY CAREFULLY. I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP CERTAIN LEGAL RIGHTS.****