





Parent or guardians Signature is required if less than 18 years of age!

## Edd Pedro's fight for a cure Wiffle ball tournament!

Team Name (PRINT)	Total number of players on your team
NAME (PRINT)	would you like to volunteer for next year's committee. Yes no
ADDRESS	CITYSTATEZIP CODE
EMAIL	
SIGNATURE	
NAME (PRINT)	would you like to volunteer for next year's committee. Yes no
ADDRESS	
EMAIL	
SIGNATURE	
NAME (PRINT)	would you like to volunteer for next year's committee. Yes no
ADDRESS	CITYSTATEZIP CODE
EMAIL	
SIGNATURE	
NAME (PRINT)	would you like to volunteer for next year's committee. Yes no
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EMAIL	
SIGNATURE	
NAME (PRINT)	would you like to volunteer for next year's committee. Yes no
ADDRESS	CITYSTATEZIP CODE
EMAIL	
SIGNATURE	-

Waiver Release: I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the Wiffle ball tournament being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my participation. (3) I hereby grant the Edd Pedro Fight for a cure & the Arthritis foundation specific permission to reproduce, publish, circulate, copyright or

otherwise use any and all photographs and/or videotape of me and/or my family, taken at the Edd Pedro Fight for a cure & the Arthritis foundation. Only players that are

signed up on my team can play in this tournament if we use an illegal player I agree that my team will be disqualified from this tournament.