



SIGN UP FORM

NATIONAL HALLOWEEN SHOW -

ZOMBIE VOLLEYBALL TOURNAMENT 2018

(EACH PLAYER MUST PROVIDE A COPY OF THIS FORM AT CHECK IN)

INSURANCE AND LIABILITY WAIVER:

- I understand that I am required to have accidental medical coverage listed on this waiver, and I verify that the information provided on this form is accurate and true.
- I understand and agree that if I do not have accidental medical coverage listed on this waiver, I will be financially responsible for all charges and fees incurred in the rendering of said treatment.
- In case of an injury, I authorize the staff of Showboat Hotel or Atlantic City NJ paramedics to render first aid.
- I understand that at the discretion of the event facilitator to dismiss any participant from the tournament without refund for inappropriate behavior.
- I give permission to use, reprint and produce any photographs or videos taken of me during the event.
- I hereby authorize the National Halloween Show staff to act for me in case an emergency and waive and release the National Halloween Show employees and staff from any and all liability and for any injuries and illness occurred while participating in the volleyball event:

PARTICIPANT SIGNATURE

PRINT NAME

INSURANCE COMPANY AND POLICY NUMBER

EMERGENCY CONTACT PHONE NUMBER EMERGENCY CONTACT