

## **TORII FITNESS CENTER**

## SPORTS EVENT

Event:		Location:	
			Start Time:
Coaches' N	leeting:		
			vilians & Local Nationals with DoD ID
N	/linimum of	Teams / Participants for event to proceed	
	Registration	on Deadline:	<del> </del>
	DOC/D	articipant/Cantain/Caach	Information
Name:	POC/Participant/Captain/Coach Information:		
	Unit: Email:		
1 Hone		Liliali	
eam Member Inform	nation:		
NAME	UNIT	PHONE	EMAIL

## **Liability Release Form**

I completely understand and realize that	participation in the
could include actions or tasks which might be d	langerous or hazardous to me.
By signing below, I agree to the fact that	participation can cause any harm or injury to me. I
release the organization. DFMWR, from all liab	ility, costs and damages which could arise from
	ity. I agree to accept financial responsibility for the cost
	y confirmation of the same by signing this document.
ionatou to uno omongono, il outino in anti givo m	y commission of the came by eighning the decament
Full Name of Participant(s)	Participant(s) Signature(s) and Date