



Center of the Nation Disc Golf Tournament Registration/Liability Waiver 2013

Agreement to Participate and Liability Waiver for the Belle Fourche Area Community Center

(BFACC): I/We understand that the most healthy individuals are capable of participating in physical activity with minimal risk. I further accept the risk inherent in the physical and recreational activities in which the ordinary and prudent person is or should be aware. I understand that if I have one of the following conditions, I should consult a physician prior to participating in a physical exercise program: 45 years of age or older, overweight or obese, physical limitations or handicap, cardiovascular disease or disorder, subject to exercise induced risk factors, or other disorders or medical conditions. I further understand it is my responsibility to decide whether or not to consult a physician. I agree to be responsible to do all of the following while using the BFACC: act within the limits of my ability, heed all warnings regarding participation in the BFACC activities, maintain control of my person and the equipment or devices, refrain from acting in any manner which may cause or contribute to injury to myself or others, abide by the letter and spirit of the rules and guidelines for participation at the BFACC. I have viewed the BFACC and its programs and I am familiar with the facility and I understand and appreciate that there are certain risks inherent in any physical and recreational activity conducted by the BFACC. Finally, I hereby waive any and all liability the BFACC has and waive any and all damages against the BFACC activities. Further, I do hereby release and discharge the BFACC and the City of Belle Fourche and any and all of its agents or employees from any liability to the undersigned arising from injury or damage that may be sustained by participating in this program by my signature below.

Participant Signature _____ Date _____

Printed Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Emergency Contact (Name/Phone) _____



Age Group: (Please circle)

Youth Teen (14+) Adult (18+) Senior (60+)

Level of Experience: Beginner Intermediate Advanced

*Divisions will be formed based off of number of participants. Must have at least 3 participants to form a division.