



2017 Human Foosball Waiver

Whereas, I am participating in an event which forms part of the activities of the Langlade County Oktoberfest; and whereas, I understand that my participation in the event could result in my suffering physical injury; IT IS HEREBY AGREED THAT I am entering this event at my own risk, and I agree to assume all responsibility for injuries to me which I may incur or suffer as a direct or indirect result of my participation in the event or for injuries I may cause to others. In addition, on behalf of myself, my heirs and assigns, I agree to hold harmless, release and indemnify the Antigo / Langlade Chamber of Commerce & Visitors Center, Langlade County Fairgrounds, City of Antigo and all sponsors of the Human Foosball event; and participating Oktoberfest sponsors, their employees, agents and volunteers from and against all claims, causes of action and liability, known or unknown, arising out of my participation in this event. By signing below, I confirm that I understand the above statement and agree to participate in the Human Foosball event, accepting full responsibility.

Consent of Parent / Guardian (If player is a minor)

I am the parent or legal guardian of the participant listed below. I hereby consent that the participant may participate in Human Foosball Event at the 2017 Oktoberfest, and I hereby execute the Agreement, Waiver and Release on his/her behalf. I hereby affirmatively state that the said Participant is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense that they may incur as result of the death or any injury or property damage that said participant may sustain while participating in activities at any such Oktoberfest, Antigo / Langlade County Chamber of Commerce & Visitors Center and sponsors event.

Team Name: _____

Participant Name: _____ DOB: _____

Participant/Parent/Guardian Signature: _____ Date: _____

Participant Name: _____ DOB: _____

Participant/Parent/Guardian Signature: _____ Date: _____

Participant Name: _____ DOB: _____

Participant/Parent/Guardian Signature: _____ Date: _____



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