

Northwest Guilford High School PTSO
2018 Powder Puff Registration, Consent, and Release Form
For Participants who are 18 or older. Please Print Legibly.

Registration:

My Full Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

Consent:

In the consideration of the acceptance of my entry in the 2018 Powder Puff Game on 10/3/18 and practices on 9/26/18, 9/27/18, 10/1/18, and 10/2/18 (or on dates rescheduled due to inclement weather if necessary) at Northwest Guilford High School sponsored by Northwest Guilford High School PTSO I, the undersigned participant, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive, release and discharge any and all right, claims, and actions for damages that I may have, or that may hereafter accrue to me against the Northwest Guilford High School PTSO and all of their officers, directors, members, and volunteers.

I attest that I am physically fit and able to participate in these events and acknowledge that I am aware of the inherent risks in participating in an athletic event of this type. I hereby advise that I have had the following allergies, medicine reactions or unusual physical condition which should be made known in case emergency medical treatment is necessary due to illness or accident. (If none, please write the word 'none'.)

Allergies and Known Medical Conditions:

Photo Release:

I grant my authorization and consent for NWHS PTSO to photograph me as a participant in the Powder Puff Game and/or practices. These photographs may be distributed to other participants and/or posted on social media.

Participant's Signature

Printed Name

Today's Date

Each participant must turn in a signed, completed original form before the Powder Puff Practice Meeting on 9/26/18. Forms may be turned in for NWHS PTSO in the school office.