ALL PARTICIPANTS MUST READ AND SIGN EACH OF THE FOLLOWING STATEMENTS
(for athletes under the age of 18, a parent or guardian must also sign)

WAIVER OF LIABILITY: Upon entering this tournament under the auspices of the USFA or other
tournament organizer, I agree to abide by the current rules of the USFA and other applicable rules
instituted by the tournament organizers. I enter this tournament at my own risk and release the USFA
and its sponsors, referees, officers and agents, the tournament organizers, and the tournament
organizers' officers, and agents from any liability. The undersigned certifies that the birth date of the
individual is as stated in registration for this tournament, and that the individual is a current
competitive member of the USFA for the competitive season in which the tournament takes place.

DRUG TESTING: I understand that drug testing may be conducted for athletes who compete in this
tournament and that detection of the use of banned drugs would be cause for suspension for a period
of time based on substance detected. I will lose any national points earned. By registering for this
tournament, I am consenting to be subject to drug testing if selected and its penalties if declared
positive for a banned substance. If selected, I am aware that failure to comply with the drug test will
be cause for the same penalties as for those who are positive for a banned substance. I KNOW
THAT I MAY CALL THE USADA HOTLINE, 800-233-0393, FOR QUESTIONS ABOUT
MEDICATIONS AND BANNED SUBSTANCES OR PRACTICES. I realize that there are OVER-THE-
COUNTER medications that may contain banned substances and that it is my responsibility to insure
that I do not inadvertently take any medication that contains a banned substance.

CONSENT FOR MEDICAL TREATMENT: This is to certify that on this date I, __________________________,
give my consent to the USFA, the tournament organizers, and their representatives to obtain medical
care from any licensed physician, hospital or clinic for the above named athlete for any injury or
illness that may arise during activities associated with this tournament.

If said athlete is covered by any insurance company, please complete the following (type or print legibly):

Name of Carrier

Name of Policyholder

Address of Carrier

Policy number