2026 CO-ED ADULT GLASS CITY BROOMBALL LIABILITY AND MEDICAL RELEASE FORM

Player's Name_____ **Phone Number**_____

Email_____ **Team Name**_____

Team Color_____**Captain**_____

I do hereby attest that I am physically and mentally fit to participate in the sport of Broomball. On behalf of myself, my heirs, executors, administrators, and assigns, I hereby waive, fully release and discharge the Glass City Broomball (GCB), their officials, coaches, administrators, representatives and volunteers from any loss, expense, injuries, damage, rights, and all claims that I do or might sustain.

I understand that the sport of Broomball, like any sport, has inherent risk and that I acknowledge the significance and consequence of my specific intention to release any and all claims and hereby assume full responsibility for any and all injuries, expense, damage or loss that I may incur from playing in or practicing the sport of Broomball.

I understand that my name and picture and/or video may be used on, but not limited to, the GCB website, GCB Facebook page, and/or the media.

I do attest that I am over the age of 18 and will provide a driver's license or state issued ID to GCB Board Members if asked.

This release is freely and voluntarily executed by me with the intent of being legally bound by this release and that I have signed this release after reading and understanding its terms and conditions.

_____ _____

Name (Printed) Date

_____

Signature

Player must be over 18 years old

Emergency Contacts – Must be over 21

Name_____Phone_____

Name_____Phone_____

Any medical conditions_____

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