



## GTS Cornhole Tournament Waiver & Release Form

I, \_\_\_\_\_ (print name), acknowledge that my participation in the **GTS Cornhole Tournament** involves a risk of injury, including bodily injury, and assume the risk for the same. In this event by my own free will, I am participating on my own behalf and on behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge GTS Physical Therapy and their respective directors, officers, employees, affiliates, members, agents and representatives, of and from any and all liability for injury, death, or damages and/or any other claims, demands, losses or damages, incurred by me in connection with any aspect of the Tournament.

Signature: \_\_\_\_\_

Signature of Parent: (under 18) \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed waiver to GTS Physical Therapy at  
jhiles@gtsphysicaltherapy.com**