

# KINGDOM BOFFER ASSOCIATION WAIVER AND INFORMATION FORM

NAME (Last, First):	
STREET ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
EMAIL:	
DATE OF BIRTH:	
PARENT SIGNATURE (If A Minor):	
EMERGENCY CONTACT (Name & Number):	

By signing below, you are a willing participant in Kingdom Boffer Association (K.B.A.) games and activities. You understand there are risks in any physical activity and will not hold anyone (including K.B.A) responsible for any accidental injury incurred. You hereby waive all your rights to the claims, actions, and cause of actions, demands, or suit for loss, injury, damage or suffering sustained due to any participation in any K.B.A. event, activity, or relatable instance. You release, hold harmless, and forever discharge K.B.A., its leadership, officials, and other participants from any and all actions, causes of actions, liability, claims, and demands upon or by reason of any damage, loss, injury, or suffering (known or unknown).

Date:	Signature:
Date:	K.B.A. Official Signature: