## Mazur's Indoor Touch Football League WAIVER AND RELEASE

Last Name:		First Name:
Street Address:		
City/ Province: _		Postal Code:
Telephone No.:		Work Telephone:
Date of Birth:	Day/Month/Year	Team Name:

In Consideration of the acceptance of my entry into events sanctioned by the Golf Dome and <u>Mazur's</u> <u>Indoor Touch Football League</u>, to be held during the 200\_\_\_\_ season. I hereby waive and release the Golfdome and <u>Mazur's Indoor Touch Football League</u>, it's directors, officers, employees, agents, representatives, successors and assigns from and against all claims, actions, demands, costs and expenses in respect to death, injury, loss or damage to my person or property, howsoever, caused, arising out of, or in connection with my taking part in the event, and not withstanding that the same may have been contributed to, or occassioned by the negligence of the Corporation, its directors, officers, employees, agents, representatives, successors or assigns.

I acknowledge that I am of the full age of eighteen years or, if not, I have obtained the consent of my parents to participate in the Event. I acknowledge that I have read this document before signing it and have had an opportunity to obtain an explanation as to its contents.

Dated this \_\_\_\_\_day of , \_\_\_\_\_.

If the participant is under eighteen years of age, the following must be completed by the parent or legal guardian of the participant.

I being the a parent or legal guardian of \_\_\_\_\_\_, hereby agree that the forgoing Waiver and Release shall be binding upon my child \_\_\_\_\_\_

(name of Participant)

PARTICIPANTS SIGNATURE

PARENTS SIGNATURE

PLEASE PRINT NAME

PLEASE PRINT NAME

LEAGUE REGISTRAR

DATE