



TEAM 3 V 3 WAIVER/ROSTER FORM



This form must be filled out and turned in at team check-in before the tournament.

TOURNAMENT NAME _____ YEAR _____

TEAM NAME _____ AGE GROUP _____ MALE [] FEMALE []

COACH/CONTACT person on-site _____ Cell Phone (_____) _____

PARENTS or PLAYERS 18 and older - Please READ and then SIGN below.....

Every player (parent/guardian if the player is under the age of 18) must read and sign this Waiver Form. Signatures on this form signify that each person has read, understands and will abide by this information. There are risks associated with participation in this tournament and its related activities. I release and discharge, Florida Challenge Sports Events, Inc., Event Sponsors, Event Charities (collectively known as event organizers) and the workers, employees, independent contractors and Directors from all action, suits and demands whatsoever in law or in equity, including but not limited to, the risk of personal injury or death from playing in the tournament and the risk of loss of personal property by theft or otherwise. I acknowledge that medical insurance is not provided. The event organizers are not responsible for any effect participation may have on player eligibility for other sports activities. I hereby grant permission for event organizers to record any or all of my participation in this event for photos, videos, motion pictures, TV, radio and other media, and to use them, no matter by whom taken, in any matter to publicity, promotions, advertising, trade or commercial purposes without any reimbursement or fee paid to me.

PRINT Player Full Name	Player BIRTH DATE	SIGNATURE (parent/guardian if player is under 18)
1)	mm / dd / yyyy	
2)	mm / dd / yyyy	
3)	mm / dd / yyyy	
4)	mm / dd / yyyy	
5)	mm / dd / yyyy	
6)	mm / dd / yyyy	

COACH/CONTACT person signature _____ DATE _____

DO NOT WRITE BELOW THIS LINE

RECEIVED BY: _____

DATE: _____