

2011 ACIS FLAG FOOTBALL NATIONAL CHAMPIONSHIPS MEN'S OPEN TEAM ROSTER/RELEASE FORM

Please Type

OPEN TEAM NAME		
ADDRESS		
CITY	STATE	ZIP
MANAGER/COACH		
PHONE NUMBER ()	-	EMAIL

For consideration in being permitted to participate in the ACIS FLAG FOOTBALL NATIONAL CHAMPIONSHIPS ("EVENT"), to be held on December 29, 2011 – December 31, 2011 at the UNIVERSITY OF WEST FLORIDA, the undersigned participant ("PARTICIPANT"), for myself, my successors, heirs, assigns, executors and administrators forever release and discourage the University of West Florida and any other sponsor to the EVENT and affiliates, servants, agents, subsidiaries, corporate parents, officers, directors, partners, employees and of all sponsors of the EVENT from claims, causes of action, costs and judgments that I now or hereafter may have or claim to have against the University of West Florida and other sponsors, for personal injuries, including death, and damages to property, real or personal, caused by or arising out of PARTICIPANT'S involvement in the EVENT. I further agree to and do hereby assume all risks of personal injuries to PARTICIPANT, including death, and damages to PARTICIPANT'S involvement in the EVENT. I further agree for myself, my successors, heirs, assigns, executors, and administrators to indemnify and hold the University of West Florida and all other sponsors harmless for all claims and suits for personal injuries including death and damages to property, real or personal, caused by PARTICIPANT'S act or omission and arising out of PARTICIPANT'S involvement in the EVENT, and from all judgments and costs recovered in said claims and suits and from all expenses incurred in defending said claims or suits. I further agree the PARTICIPANT'S photographs, pictures, slides and movies taken or made by the University of West Florida and all other sponsors, in connection with the PARTICIPANTS involvement in the EVENT, or a reproduction of the same, as well as PARTICIPANTS name, may in any manner be used by the University of West Florida, or by any person, corporation, partnership or association authorized by the same. I warrant that PARTICIPANT is in good health and has no physical condition that would prevent PARTICIPANT from participating in the EVENT. I acknowledge it is the PARTICIPANT'S responsibility to secure appropriate personal medical insurance and no such coverage is provided or implied by the EVENT. Participant agrees that any medical transportation fee is their sole responsibility.

I have read and understand the foregoing and sign it voluntarily

ROSTER

(All Players, Managers, and/or Coaches must pay participation fee)

MANAGERS/COACHES <i>(not playing)</i>		
Type/Print Name <i>(for clarity)</i>	E-Mail	Signature
1.		
2.		
3.		
4.		
PLAYERS/PARTICIPANTS		
Type/Print Name <i>(for clarity)</i>	E-Mail	Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16. <i>Co-Rec Only</i>		

TEAM TOURNAMENT EXPERIENCE <i>Indicate below the success of your team at any tournament nationwide.</i>

I certify that the above _____ (indicate number) names on this roster meet the Nationals eligibility requirements and assume full responsibility for their eligibility. I am aware that participants must secure their own medical insurance.

OPEN TEAM MANAGER SIGNATURE	DATE
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