

ETFA Indoor Touch Football

WAIVER AND RELEASE

Last Name: _____ First Name: _____

Street Address: _____

City/ Province: _____ Postal Code: _____

Telephone No.: _____ Work Telephone: _____

Date of Birth: _____ Team Name: _____
Day/Month/Year

In Consideration of the acceptance of my entry into events sanctioned by the Edmonton Touch Football Association (ETFA), to be held during the 200__ season. I hereby waive and release the Edmonton Touch Football Association, 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 occasioned 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

Make cheques payable to the: ETFA

Mail to:
ETFA Indoor
13838 – 120 Street
Edmonton, Ab.
T5X 5B8