GHTFA INDIVIDUAL / TEAM REGISTRATION 2007

GOLDEN HORSESHOE TOUCH FOOTBALL ASSOCIATION

Release: The here and after individual person, and / or team and members of the forgoing league or association and all members thereof, the after signed, in consideration of being able to participate in the Golden Horseshoe Touch Football (GHTFA) league. I hereby agree to abide by the rules and regulations of the GHTFA in accordance with the associations Constitution and ByLaws. I hereby release myself, and for my heirs, executors, administrators and sponsors of the GHTFA, and Touch Football Ontario (TFO), it's affiliated leagues and associations, and executive member, executive officer, director, sponsor, agent, representative and employee thereof, jointly and severally from obligations, liabilities, cost, claim and demand for damage whatsoever for any person or other injury, including but not so as to limit the generality of forgoing any death or any loss, sickness or damage incurred by me anytime my participation in any activity sanctioned by GHTFA and TFO, whether such personal or other injury, including death or any loss, sickness or damage arising out of, or in connection with the conduct of any said person in organizing, supervising or conducting the activities of these event. I hereby irrevocable grant to GHTFA and TFO, the exclusively and may be used, reproduced, distributed and otherwise disseminated by GHTFA or TFO directly or indirectly in any manner they desire. I further represent and warrant that I will not participate in any event unless I continue to be in good health and have no physical condition that would prevent me from participating in these events. I further agree not make any claim or proceedings against any person, firm or corporation who might claim contribution or indemnity under the provisions of the Negligence Act or Amendment thereto (or similar legislation which provides with respect to contributory negligence) from any of the parties having benefit from this release.

Team Name | Team Organizer Name | Date:

#	Full Name	Signature	Address	City	Postal Code	DOB	Phone #	E-mail
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I am the Team Manager of the above team, and swear that all of the information supplied above is true and correct and that all of the players have signed in their own handwriting. I further certify that the above named team and all the players on this Official Roster Form are genuine and the team is operating under the auspices of the name GHTFA/TFO Team Managers

Primary Team Representative | Date | Phone | E-Mail

Alternate Team Representative | Date | Phone | E-Mail