"THE BOLLA BOWL"

Touch Football Ontario Roster Release Form

Team Name: _____Team Organizer Name: _____Date:._____

Please print clearly: Please list all Team participants below. Be sure to include all coaches and executive members, as well as players. Be sure to complete all areas in full. Original signatures are required. By signing this roster I acknowledge, and I will comply with the following guidelines.

Release The here and after individual person, and/or team and members of the foregoing league or association and all members thereof, the after signed, in consideration of being able to participate in the Touch Football Ontario Bolla Bowl event. I hereby agree to abide by the rules and regulations of the touch Football Ontario in accordance with the association's rules, regulations and by-laws. I herby release myself, and for my heirs, executors, administrators and sponsors, the Touch Football Ontario, it's affiliated leagues and associations, and every executive member, and every executive officer, director, sponsor, agent, representative and employee thereof, jointly and severally from obligations, liability, cost, claims and demand for damages 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 Touch Football Ontario, 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 persons in organizing supervising or conducting the activities of this event. I hereby irrevocable grant to Touch Football Ontario, the exclusive right to permit or authorize any person, firm or corporation to take and make use of any photographs, motion pictures or television broadcasts, as well as the reproduction of my name in connection with my participation in Touch Football Ontario exclusively and may be used, reproduced, distributed and otherwise disseminated by Touch Football Ontario 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 and Amendments thereto (or similar legislation which provides with respect to contributory negligence) from any of the parties having benefit from this release.

	Full name (please print clearly)	Players Signature	Mailing Address	City	Postal code	Phone #	Birthday
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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 Touch Football Ontario.

Team Managers Name_____Signature _____Date_____ Phone #._____.
e-mail _____.
Alternate Contact Name_____Signature _____Date_____Phone #._____.
e-mail _____.
Tournament Organizer. G.H.T.F.A. Dave Nelson david.nelson@investorsgroup.com

ALL PLAYERS MUST SIGN RELEASE FORUM BEFORE PLAYING IN THIS TOURNAMENT