2016 BOYS OF FALL

Player Roster /Release Of Liability Agreement : **Team:_____** **Date : _____**

COACHES AND PARENTS READ

Inconsideration of being allowed in to participate in the 2016 BOYS OF FALL TOURNAMENT , the undersigned agrees that :

1 The risk of injury involved in playing football is significant , including the potential for permanent injury or death.

2 I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my son or daughter's participation .

3 I will remove my son or daughter from participation if I notice any unusual hazards taking place.

4 I, for my self and on behalf of my heirs ,assigns, personal representatives and next of kin , HEREBY RELEASE AND HOLD HARMLESS, the organizers of Boys Of Fall WITH RESPECT TO ANY AND ALL INJURY, DISABLILITY ,DEATH,WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

5 I understand that the Boys Of Fall may reschedule the event with little notice and I will not hold the organizers of the Boys Of Fall liable for any cost associated with rescheduling the event .

6 I understand Boys Of Fall Games do not grant entry into the Fields until our team rep has turned in ALL ENTRY FEE AND SHOWED ALL REQUIREMENTS PAPER FOR ALL PLAYERS .

I HAVE READ THIS RELEASE OF LIABLITIY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND THE TERMS :_____

								Fill Out during Weigh - In		
	Last Name , First Name Alphabetical by last name	**Birth Date MM-DD-YYYY**	**AGE as of 8/1**	**GRADE**	**JRSY#**	**Cell Phone**	**Parents Signature**	**BC**	**WEIGHT**	**"X"**
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