

Host Organization (NABF Franchise): _____

Team Name: _____

Age Division: _____

Tournament Held in the City of: _____

Name of Team Manager: _____

Team Manager Phone Number: _____

FOR PARTICIPANTS ABOVE THE MINORITY AGE (ABOVE AGE 18 AT THE TIME OF REGISTRATION)

Name of participant: _____ Participant Date of Birth: _____

Participant signature: _____ Participant Phone Number: _____

Date signed: _____

Participant Address (street address, city, state, ZIP): _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____ Participant Date of Birth: _____

Parent guardian/signature: _____ Guardian Phone Number: _____

Date signed: _____

Participant Address: (street address, city, state, ZIP): _____

Note: The signed waiver/release should be kept on file for at least 8 years and possibly longer if the player has contracted a serious illness.