

23rd USFFD NATIONAL CHAMPIONSHIP 8X8 TEAM REGISTRATION FORM

In consideration of participating in the USFFD games or tournaments, I hereby agree for myself, successors, heirs, and assigns, to release and forever discharge United States Flag Football for the Deaf, Inc., sponsors, affiliates, subsidiaries, agents, employees, officers, directors, fans, spectators, any city, state, school or property owner of fields on which games are played or anyone associated with the USFFD from claims, actions or judgments I may have or claim to have against USFFD and for all personal injuries including death and injuries to property, real or personal, caused by or arising out of my participation in the USFFD games or tournaments, and from all judgments recovered and from all expenses incurred in defending such claims. I am in good health and have no physical condition that would prevent me from participating in these games.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

Please print your name, e-mail, mailing address and birth date CLEARLY then your signature, otherwise your team can't play.

Team Name: _____ CHOOSE ONE : _____ MEN 8X8 _____ WOMEN 8X8

| Coach's name | E-mail Address | Mailing Address | City/State/Zip Code | Birth Date | Signature |
|--------------|----------------|-----------------|---------------------|------------|-----------|
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| Player's name | E-mail Address | Mailing Address | City/State/Zip Code | Birth Date | Signature |
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