

Texas Amateur Athletic Federation Official Team Roster Form

Region: 2

Sport: <u>Men's Basketball League</u>

Team Name: _____

City: Brownsville

Division: Men's 35 & Over

Note: Each player, parent-guardian and team manager should read the Release and Waiver of Liability statements at the bottom of this form before completing and signing this roster. Parent-guardian signatue should be on the same numbered line below as player's signature.

PRINT OR TYPE PLAYER'S NAME	PLAYER'S SIGNATURE	BONAFIDE RESIDENCE (STREET, CITY, STATE, ZIP)	PHONE NUMBER	DATE OF BIRTH	PARENT - GUARDIAN SIGNATURE (If player is minor only)
1.					1.
2.					2.
3.					3.
4.					4.
5.					5.
6.					6.
7.					7.
8.					8.
9.					9.
10.					10.
11.					11.
12.					12.

Manager's Name:	Local TAAF Rep Signature:	Phone:	
Manager's Signature:	Director Signature:	Date:	
Managers Address:	PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY: 1 ("The Participant"), in consideration of my participation in the Texas Amateur Athletic Federation ("T.A.A.F.") Championship Competition hereby grant to T.A.A.F. the right to record, broadcast and otherwise exploit in any and all media throughout the world my performance in the T.A.A.F. Championship Competition and to use my name, likeness, voice and biographical information concerning me in connection therewith.		
City, State, Zip:	I assume all risks associated with my participation in the T.A.A.F. Championship Competition, and on behalf of myself, and my heirs, executors and administrators, in consideration of my participation in the T.A.A.F. Championship Competition, I hereby waive all claims against and release and hold harmiess T.A.A.F., the sponsors of the T.A.A.F. Championship Competition (the "Sponsors"), and the host municipalities ("Hosts"), and their respective directors, officers, employees, agents, attorneys, successors and assigns, from and against any and all claims, damages,		
Home Phone:	liabilities, causes of action, losses, costs and expenses, including reasonable attorneys' fees, arising out of or in conner without limitation, death, any personal injuries or loss of, damage to or loss of use of property, which I may incur as a re any death, personal injuries or loss of, damage to or loss of use of property which may be the result of negligence on the legal age and that I have read and fully understand the foregoing terms. (If not, parent or guardian must sign.)	sult of my participation in the T.A.A.F. Championship Competition, including	
Work Phone:	PARENT OR GUARDIAN'S GUARANTEE: I represent and warrant that I am the parent or legal guardian for the participant named on Page 1, that I am of legal age and that I have read and fully understand the foregoing Participant's release and agree for Participant and Participant's heirs, successors and assigns and for Participant's legal representatives to be bound by the terms thereof.		
Email Address:	TEAM MANAGER'S GUARANTEE: I represent and warrant that I am the Team Manager for the Team named on Pag supplied on Page 1 is correct to the best of my knowledge and that all of the players signed the roster in their own hanc Championship play and agree to be bound by the rules and regulation of T.A.A.F. as contained in the Cavalcade of Spo	writing and that they are eligible to compete with my team in the T.A.A.F.	