Border Battle Waiver Form

TEAM NAME:

Team Contact: PHONE:
Email:

Player Name	Player Birth Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I/WE agree to hold the Border Battle AAA Tournament, all representatives, agents, and other appointed officials harmless of any injury that may come from my/our player participation in the Border Battle AAA Tournament. I/WE also agree to hold the Border Battle harmless of player personal items and/or equipment before, during, and after player participation in the Border Battle Tournament. I/We also understand that there is no insurance coverage provided. By signing this form I/WE agree to the information above.

Team Manager Name _____Team Manager E-signature _____
Head Coach Name _____ Head Coach E-signature_____