Out Of The Park Tournaments LLC, Inc. Roster and Waiver Form						
Team Name:	Sport: Age Gro		roup:	Name of Insurance	Name of Insurance Carrier:	
Manager Name:	Email:	Cell Phone:		Insurance Certifica	Insurance Certificate Number:	
Manager Address, City, St	ate, Zip:					
heirs, assigns, and next of kin. Releation all claims, actions or judgment death, and damage to property, real further agree for myself, successor claims and suits for personal injuries in Out Of The Park Tournaments, LL suits. I further agree that my photog directors, in connection with my parany manner be used by Out Of The I	participate in activities hosted by Out Of The Park Tournaments, LLC ase and forever discharge Out Of The Park Tournaments, LLC, their ends I may have or claim to have against Out Of The Park Tournaments, LI or personal, caused by or arising out of my participation in Out Of The Park, assigns, and next of kin to indemnify and hold Out Of The Parks, including death, damage to property caused by my act of omission as C. activities, and from all judgments recovered, and from all expenses graphs, pictures, slides, or movies taken by Out Of The Park Tournaments pricipation in Out Of The Park Tournaments, LLC. or any reproduction Park Tournaments, LLC. or by any person, corporation, or association as spical condition that would prevent me from participating in Out Of The	nployees, owners, on LC. for all personal the Park Tournaments, LLC arising out of particle incurred in defendents, LLC., their emport the same, as well authorized by Out of	officers, and directors I injuries, including its, LLC. activities. I harmless from all cipation Iling said claims or ployees, officers, and Il as my name, may in of The Park Tournaments			
I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.						
Player's Name	Address, City, State	Zip Code	Birth Date	Phone #	Parent or Guardian Signature	Relationship
of age or older. Team roster and	ments: This roster and waiver form must be signed by each pare waiver forms must be submitted to Titan Tournaments, Inc. pr have a copy of each player's birth certificate on hand at every t	ior to participatin	• •	•		
I am the manager of the above team and guarantee all of the information supplied above is correct to the best of my knowledge and that all of the parent, guardian, and player signatures above are in their own handwriting, and they are eligible to compete with my team in Titan Tournaments, Inc.					Signature of Team Manager	
activities, and agree to be bound by the rules and regulations of Titan Tournaments, Inc.					Date Signed	