

MISSISSAUGA TOUCH FOOTBALL LEAGUE

PLAYER REGISTRATION & WAIVER FORM

The here and after individual person, and/or team and members of the forgoing league or association and all members thereof, the after signed, in consideration of being able to participate in the Mississauga Touch Football League (MTFL) sanctioned events, I hereby agree to abide by the rules and regulations of the MTFL in accordance with its rules, regulations and by-laws. I, the "PARTICIPANT", hereby release myself, and for my heirs, executors, administrators and sponsors, the MTFL, its affiliated leagues and associations, and every executive member, and every executive officer, director, sponsor, agent, representative and employee thereof, jointly and severally from obligations, liability, costs, claims and demand for damages whatsoever for any personal or other injury, including but not so as to limit the generality of forgoing any death or any loss, sickness or damage incurred by me anytime during my participation in any activity sanctioned by MTFL, whether such personal or other injury, including death or any loss, sickness or damage arising out of, or in connection with the conduct of any said persons in organizing, supervising or conducting the activities of sanctioned events.

I hereby irrevocably grant to the MTFL, the exclusive right to permit or authorize any person, firm or corporation to take and make use of any photographs, motion pictures or television broadcasts, as well as the reproduction of my name in connection with my participation in MTFL exclusively and may be used, reproduced, distributed and otherwise disseminated by the MTFL directly or indirectly in any manner they desire. I further represent and warrant that I will not participate in any event unless I continue to be in good health and have no physical condition that would prevent me from participating in these events. I further agree not to make any claim or proceedings against any person, firm or corporation who might claim contribution or indemnity under the provisions of the Negligence Act and Amendments thereto (or similar legislation which provides with respect to contributory negligence) from any of the parties having benefit from this release.

TO VALIDATE THIS FORM, COMPLETE ALL THE INFORMATION BELOW

I am a player on the MTFL team listed below and only this MTFL team for this season, and I swear that all my information listed herein are accurate and true.

PARTICIPANT INFORMATION:

Address: _____

City: _____ **Postal Code:** _____

Tel. No.: _____ Home Mobile
 Work Other **Date of Birth:** / / *YYYY / MMM / DD*

IN WITNESS WHEREOF,

I have hereunder set my hand and seal this _____ day of _____, in the year 20____.

Team Name: _____	
Player: _____	Team Captain/Assistant Captain: _____
Print Name: _____	Print Name: _____
Signature: _____	Signature: _____