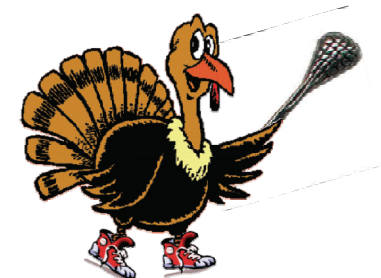




2010 Thanksgiving ReLAX Tournament Team / Individual Waiver



Participant Waiver/Release/Assumption of Risk/ Agreement

I, the parent/guardian of the registrant, a minor agree that the registrant and I will abide by the rules of Power Time Sports accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwise indemnify Power Time Sports LLC, its officers, coaches, managers, referees, its affiliated organizations and sponsors, their employees, and associated personnel, including owners of the fields and facilities utilized to the league program, against any claim by or on behalf of the registrant as a result of the registrants actions. I affirm that the registrant is in sound physical and healthy condition and that the athlete is covered by health accident insurance secured independently. As parent/guardian or the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my dependent.

I/WE HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND THAT I/WE GIVE UP CERTAIN RIGHTS BY VOLUNTARILY SIGNING IT.

TEAM NAME _____

	Player Name (Last, First)	Birthdate	Grade	Emergency Phone #	Parent / Guardian Printed Name	Parent Guardian Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						