



Tournament Roster

Team Name

Team Contact

Division

Date

TEAM MANAGERS AND PLAYERS READ THE FOLLOWING STATEMENTS BEFORE COMPLETEING AND SIGNING

In consideration of playing in the Aidan Teague Charity Softball Classic, I hereby agree for myself, successors, heirs, and assigns, release and forever discharge The Aidan Teague Charity Softball Classic, it's organizers, directors, volunteers, it's affiliates, Town of Milton, Hamilton Health Sciences and McMaster Children's Hospital from all claims, actions or judgements I may have or claim to have against The Aidan Teague Charity Softball Classic for all injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation in The Aidan Teague Charity Softball Classic. I further agree for myself, successors, heirs and assigns to indemnity and hold The Aidan Teague Charity Softball Classic harmless from all claims and suits for personal injuries, including death, damages to property caused by my act of omission arising out of participation in The Aidan Teague Charity Softball Classic, and from all judgement recovered and from all expenses incurred in defending said claims. I am in good health and have no physical condition that would prevent me from participating in The Aidan Teague Charity Softball Classic. I, THE UNDERSIGNED, HAVE READ AND UNDERSTOOD THE FOREGOING RELEASE.

PRINT PLAYER'S NAME	PLAYER'S SIGNATURE	HOME PHONE	STREET ADDRESS, CITY/TOWN, PROV.	POSTAL CODE	E-MAIL
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TEAM MANAGER AFFIDAVIT

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 players signed above in their handwriting.

 Manager's Name – Please print

 Signature of Team's Manager

() _____
 DAYTIME TELEPHONE NUMBER

() _____
 EVENING TELEPHONE NUMBER

 STREET NAME

 CITY/TOWN PROVINCE POSTAL CODE