

BCC TEAM ROSTER

SPORT:

TEAM NAME:

TEAM CAPTIAN:

Every participant or parent/guardian of participants (under 18) must read and sign this waiver form. Signatures on this form signify that you have read, understand, and abide by the information herein. I understand that participation in this activity is VOLUNTARY and that there are risks associated with participating in this event and its related activities. I hereby authorize and give my full consent to the City of Brillion/Brillion Community Center to copyright and/or publish any and all photographs, videotapes and/or film in which my children or I may appear while attending city-sponsored events. I further agree that city may transfer, use or cause to use, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, internet websites, art and advertising purposes, and television programs without limitations or reservations. I also release, waive, discharge and covenant not to sue the Brillion Community Center, the City of Brillion, its employees, representatives, referees, land owners, or agents, and, I hereby agree to indemnify, defend and hold the Brillion Community Center and the City of Brillion harmless, for and from any and all actual or threatened causes of action, claims, damages, losses and/or costs, including reasonable attorney fees, of any kind or nature, including, but not limited to, lost profits, direct, indirect, incidental, consequential, special or punitive damages arising out of or relating to my or my child's participation in this activity or event. I have read and understand the terms and agreements of this waiver form.

NAME: (PRINT)	SIGNATURE:(PARENT/GUARD. IF UNDER 18)	PHONE NUMBER:
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Please fill information on back of form. If more than 10 people are on your roster, please fill out an additional roster and attach them.



Name:	Parents Name(if under 18)	Birthdate:	Age:
Address:	City:	Zip:	
Emergency Contact	Contact's Phone #:		
Medical Conditions (if any)			
Name:	Parents Name(if under 18)	Birthdate:	Age:
Address:	City:	Zip:	
Emergency Contact:	Contact's Phone #:		
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