GLADIATORS NATION TOURNAMENTS

Select Tournament: Under The Lights ☐ Gladiator Games ☐ First Responders ☐

OFFICIAL ROSTER / WAIVER FORM

Team Name: _____ Age Group: _____

Head Coach Name: _____ Head Coach Signature: _____

Head Coach Phone: _____ Head Email: _____

☐ *By checking here and signing below, I hereby confirm that I have copy of birth certificates in possession and that all registered players are off appropriate age.*

☐ *I have attached a current copy of our team insurance*

Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement:

The Participant's parent(s)/ guardian(s) acknowledge, understand and assume all risks inherent with participating in this tournament.

I, the parent/guardian of the named Participant, hereby give my consent for their participation in the Gladiators Travel Baseball, Mr. October Tournament. Also, I hereby release, indemnify and agree to hold harmless Gladiators Travel Baseball, Inc. and any of its directors, coaches, affiliates, sponsors, and associated personnel against any legal claim by or on behalf of the participant as a result of participation in the tournament. I also give my consent for all medical care prescribed by a medical doctor, EMT or nurse to preserve the physical well-being of my child.

By signing this I accept the terms of the aforementioned Waiver of Liability, Release, and Assumption of Risk & Indemnity Agreement.

PLAYER #	PLAYER NAME	BIRTHDATE	GUARDIAN NAME	GUARDIAN SIGNATURE	GUARDIAN PHONE#