

## **OFFICIAL TEAM ROSTER & WAIVER FORM**

TOURNAMENT NAME:		Team Name:		Division:	
Manager's Name:	Address:	City:	St: Zip: _		
E-mail:	Phone: Home ( )	Work ( )	Cell ( )		
Commission and Blue Valley School District re tournament. This includes, but is not limited, to partners to use my (or my child's) photo or vide	ntend to participate may have some inherent risk of epresentatives and employees shall not be held re billness, injury or death arising from exposure from eo for promotional purposes. This waiver and agree	injury because of the activity. As a participant (or or esponsible for any illness, injury or death to person of the Novel Coronavirus (COVID-19). I further grant perent shall be valid for 365 days from the date of exemples and the provisions in this waiver and agree to about the provisions in this waiver and agree to about the provisions in this waiver and agree to about the provisions in this waiver and agree to about the provisions in this waiver and agree to about the provisions in this waiver and agree to about the provisions in this waiver and agree to about the provisions in this waiver and agree to about the provisions in this waiver and agree to about the provisions in the provi	or damage to property resulting from pa ermission for Blue Valley Recreation Cor cution. Registration is not valid without si	rticipating in this nmission and its	
	All Columns	s Must Be Completed			
Name (print)	Signature (parent if under 18)	Street	City, State, Zip	Date	