

2022 Phoenix Cup - Roster/Waiver Form

**Team Name**

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Name	Ethnicity and %	Signature	Name	Ethnicity and %	Signature
1			10		
2			11		
3			12		
4			13		
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By signing this form, I agree that I am participating in the 2022 Phoenix Cup on August 6, 2022 at my own risk. In consideration to the right to participate in this activity, I waive and release any and all rights and claims for damage I may have against for any all injuries suffered while participating in this activity. I give consent to emergency treatment, including hospitalization as may be needed. I acknowledge and fully understand that I will be engaging in activities that involve several inherent risks of serious bodily injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence of others, the rules of play, the condition of the premises or of any equipment used. I HEREBY ASSUME ALL THE FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES FOLLOWING SUCH AN INJURY, PERMANENT DISABILITY OR DEATH INVOLVED WITH PARTICIPATING IN THE 2022 PHOENIX CUP.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE Toronto Phoenix Sports Club, its officers, directors, employees, volunteers, representatives, and agents of any of the above, all affiliated athletic and sports clubs, other participants, sponsors, advertisers and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all claims or liabilities for death or personal injury or damages of any kind caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise; and b) I AGREE NOT TO SUE any of the releasees for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the releasees from any liability with respect to injury to me or my property arising out of or connected to my activities or use of equipment or facilities, or on account of any illness or accident, or any damage to or loss of my personal property.

I certify/understand that all above information is correct and meets all requirements as specified by the NACIVT and any issues will be subject to the judgement of the Toronto Phoenix executive committee.

**Team Rep Name**

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**Signature**

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**Date**

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