

TFA 4 v 4 Tournament 2025

Team Roster, Waiver and Liability Form

Coach Name: _____ Team Name: _____

Birth Year Age Group _____ Phone Number: _____

Gender B / G	Player's Name (First & Last) Please Print	Age	Player Signature/Parent if minor (Waiver/ Liability)

I/WE as a team have read and do agree to abide by the Rules & Regulations that govern your tournament. I/ WE fully understand and agree that the tournament officials and volunteers will not tolerate any verbal abusive language and physical threats. I/WE also understand that the tournament organizers and the facilities are not responsible for any injuries or accidents incurred during the tournament, or for lost and damaged items. I/ WE waive any/all liability against the Tournament Director, tournament staff, trainers, volunteers, sponsors and the owners and operators of any facility utilized by the tournament. As a team manager/coach of this team, I affix my signature as verification to the preceding statement.

Signature of Coach: _____ Date: _____