

OLMSTED FALLS - 2024 WIFFLE BALL TOURNAMENT WAIVER

Team #:

TEAM NAME: _____

TEAM CAPTAIN (ADULT): _____

TEAM CAPTAIN (IF KID): _____

Team Roster:

	PRINT PLAYER'S NAME:	Age (as of 5/1/24)	Emergency Phone #:	PLAYER'S SIGNATURE (PARENT, IF MINOR):	DATE:
1					
2					
3					
4					
5					

In consideration of being permitted to participate in the Olmsted Travel Baseball Association (OTBA) Wiffle Ball Tournament ("Tournament"), I hereby agree for myself, successor, heirs and assigns, release and forever discharge OTBA, the City of Olmsted Falls, the Olmsted Falls City School District (OFSD), the Tournament, and its organizers, from any & all claims, actions or judgments I may have or claim to have against the Tournament for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation. I further agree for myself, successor, heirs, and assigns to indemnify and hold the League harmless from all claims and suits for personal injuries, including death, damages to property caused by act of omission arising out of participation, and from all judgments recovered and from all expenses incurred in defending said claims or suits. I affirm that I am in good health and have no physical condition that would prevent me from participating in this Tournament. By signing this waiver, I confirm that I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

TEAM CAPTAIN AFFIDAVIT:

I am the Manager of the above team and guarantee all of the information supplied above is correct to the best of my knowledge and that all of the players signed the above in their handwriting and they are eligible to compete with my team and agree to be bound by the rules and regulations of the League.

Team Captains's Signature: _____

DATE: _____

**THIS FORM MUST BE RETURNED TO THE CHECK-IN TENT NO LATER THAN
BEFORE YOUR FIRST GAME IS PLAYED!**