2020 SUN BOWL FLAG FOOTBALL TOURNAMENT

PLAYER LIABILITY FORM

Player Name:		Date:	Date:	
Address:	City, State, Zip): :		
Cell Phone:		Age:	Check One:	
			Male / Female	
Waive	r of Liability			
1. If accepted to participate in the Sun Bowl Flag Fo	<u> </u>	nt, I agree to rele	ase, indemnify and hold	
harmless, the Sun Bowl Association, Southwest Fla		_	·	
representatives from any action brought about th	rough claims, lav	vsuits or any type	of judgement that may	
arise out of any injury to the above-named particip	oant on this team.	. I certify that I am	covered by an approved	
medical insurance plan as required to play Adult		·		
weather conditions are an act of nature and agre		-	_	
playability and therefore, the outcome of comp	•			
whatsoever.		,	·	
2. All captains and players are responsible for the	ir spectators and	d guests attendin	g the game and should	
supervise them to ensure no accidents or injuries of	•			
Player Signature:				
Player Name:				
Copy Photo ID		Team Name(s)		
	1			
	2			