



Waiver/Roster Summer 2008

In consideration of participating in the Greater Buffalo Flag Football League games or tournaments, I hereby agree for myself, successors, heirs, and assigns, to RELEASE and forever discharge Greater Buffalo Flag Football League, the University at Buffalo, any sponsors, affiliates, subsidiaries, agents, employees, officers, directors, fans, spectators, any city, state, school or property owners of fields on which games are played, or anyone who is associated with the Greater Buffalo Flag Football League, from all claims, actions, or judgments I may have or claim to have against Greater Buffalo Flag Football League for all personal injuries, including death, and injuries to property, real or personal, caused by or rising out of my participation in the Greater Buffalo Flag Football League games or tournaments, and from all judgments recovered and from all expenses incurred in defending said claims. **I am in good health and have no physical condition that would prevent me from participating in these games. I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.**

Team Name: _____ Captains email: _____

CLICK IN THE BOX AND TYPE THE INFORMATION (EXCEPT FOR THE SIGNATURE)

Player's name	Phone #	Address	Signature	Date

****Every player must sign and date above**

- All players must be 18 or older.
- Your roster must be submitted to GBFFL by June 29, 2008. Bring your roster with you to the field on June 29, 2008 (opening day).
- Each team is limited to 9 players on their roster.
- If you have turned in your roster and you have less than 9 players on it and you wish to add players, complete the "Waiver/Roster add/delete form" and submit it to GBFFL by July 6, 2008. If you already have 9 players and wish to delete players to make room for new players you can do so by completing the Waiver/Roster Add delete form. You must submit the "Waiver/Roster add/delete form" prior to using the new player(s) in a game and by July 6th. Allowing a player who is not on your roster to play will result in forfeiture of the game(s) the illegal player(s) played in and the team captain will sit out for two games.

BRING THIS FORM WITH YOU ON OPENING DAY (JUNE 29, 2008)

EVERY PLAYER ON YOUR TEAM MUST FILL OUT THIS FORM. TURN IT IN ON JUNE 29, 2008.

Recreation & Intramural Services Waiver and Assumption of Risk:

In consideration of being permitted to use the facilities and equipment of the Recreation and Intramural Services at the University at Buffalo, on behalf of myself, my family, my heirs and my assigns, I hereby release the Department of Recreation and Intramural Services, the Division of Athletics, the University at Buffalo, its employees and agents for liability for injury, death or property loss suffered by me resulting from the ordinary negligence of Recreation and Intramural Services, its agents or employees while I am using the facility, equipment, or in any way associated with participating in any and all Recreation and Intramural Services activities now or in the future.

I acknowledge that I know, understand and appreciate the inherent risks of using any of the Recreation and Intramural Services facilities and equipment and of participating in any Recreation and Intramural Services activities.

I know that these risks range from minor scrapes, strains and bruises to significant injuries such as broken bones, eye injury or loss, concussions, paralysis and even death. By the execution of this agreement, I fully assume the inherent risks associated with Recreation and Intramural Services facilities and equipment use and assert that I am voluntarily participating in such activities.

I have read this waiver of liability and indemnification agreement and fully understand its terms. I understand I am giving up substantial rights, including my right to compensation for injury. I acknowledge that I am signing this agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability for ordinary negligence to the greatest extent allowed by law in the State of New York.

Participant Name _____

Address _____

Phone # _____ Participant Birth Date (if under 18) N/A

Date _____ Participant (SIGNATURE) _____

If participant is under 18 years and the parent or guardian present has a different last name than participant's last name attach; dated, signed, telephone number included, permission slip from legal parent or guardian

Parent or Guardian (NAME) N/A

Address (PRINT) N/A

Phone # N/A Recreation Permit Person # N/A

Date N/A Parent/ Guardian (SIGNATURE) N/A

OFFICE USE ONLY

Date _____

Day Pass Card # _____ Aerobics Program Card # _____ Walking Permit # _____

Rec. Permit Person # _____ **RED** Permit # _____ Rec. Permit Expiration Date _____

Replacement Permit Card # or **RED** Replacement Permit # _____ **Intramural Permit #** _____

Register Receipt # _____

R&I Services staff witness (PRINT) _____

Services staff (SIGNATURE) _____