

2016 T.A.A.F. WINTER GAMES OF TEXAS Participant's Release and Waiver of Liability

Participant's name	
Sport :	Frisco Ninja
to participate in the Texas Amateur Athletic Federati hereby grant to T.A.A.F. the right to record, broa	my application and in consideration of being allowed on ("T.A.A.F.") 2016 Games of Texas (the "Games") dcast and otherwise exploit in any and all media ames and to use my name, likeness, voice and a therewith.
I assume all risks associated with my participation in the Games, and I do hereby, on behalf of myself and my heirs, executors, administrators, successors and assigns, in consideration of being allowed to participate in the Games, waive all claims against and release and agree to hold harmless T.A.A.F., the sponsors of the Games (the "Sponsors"), the venue owner (the "Owner") and the City of Frisco (the "Host"), and its' respective directors, officers, agents, employees, successors and assigns, and all those in any way connected with the running and management of the Games, from and against any and all damages, liabilities, actions, causes of actions, losses, costs, expenses, claims and demands arising out of or in connection with my participation in the Games, including without limitation, death, any personal injuries or loss of, damage to or loss of use of property, which I may incur as a result of my participation in the Games, including any death, personal injuries or loss of, damage to or loss of use of property which is the result of negligence on the part of T.A.A.F., a Sponsor, an Owner and/or the Host. I am fully aware of my personal physical and medical condition, and hereby acknowledge that I am physically fit to compete in the Games. I am prepared to follow the rules governing the Games in a safe and disciplined fashion. I warrant that I am of legal age and that I have read and fully understand the foregoing terms. (If not, parent or guardian must sign.)	
Signature	Date
Parent/Guardian Signature Minor (Under 18 years of age)	Date
Email address	
DO NOT WRITE E	BELOW THIS LINE
Date received T.A	A.F. Card # Assigned
	ry Fee Paid
T.A.A.F., P.O. Box 1789, G	