



2019

# Texas Amateur Athletic Federation Participant's Release and Waiver of Liability

Participant's name \_\_\_\_\_

Birth Date \_\_\_\_\_

Membership Name: \_\_\_\_\_ Sport \_\_\_\_\_

I ("Participant") do hereby voluntarily submit my application to compete and in consideration of being allowed to participate in any Texas Amateur Athletic Federation ("T.A.A.F.") sanctioned competition (the "Competition"), do hereby grant to T.A.A.F. the right to record, broadcast and otherwise exploit in any and all media throughout the world my performance in the Competition and to use my name, likeness, voice and biographical information concerning me in connection therewith.

I assume all risks associated with my participation in the Competition and I do hereby, on behalf of myself and my heirs, executors, administrators, successors and assigns, in consideration of being allowed to participate, waive all claims against and release and agree to hold harmless T.A.A.F., the sponsors of the T.A.A.F. competition (the "Sponsors"), the venue owner (the "Owner") and the host city (the "Host"), and their respective directors, officers, agents, employees, successors and assigns, and all those in any way connected with the running and management of the Competition, 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, 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, including any death, personal injuries or loss of, damage to or loss of use of property which may be 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 Competition. I am prepared to follow the rules governing the Competition 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 \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Date received \_\_\_\_\_

T.A.A.F. Registration # Assigned \_\_\_\_\_

Processed by \_\_\_\_\_

Entry Fee Paid \_\_\_\_\_

T.A.A.F., P.O. Box 1789, Georgetown, TX 78627-1789  
512 863-9400 Fax: 512 869-2393 Website: [www.taaf.com](http://www.taaf.com)  
Email: [mark@taaf.com](mailto:mark@taaf.com) or [kmcgrath@suddenlinkmail.com](mailto:kmcgrath@suddenlinkmail.com) or [gsteger@suddenlinkmail.com](mailto:gsteger@suddenlinkmail.com)