22nd Annual 2011 Carl Flowers Memorial Best In the West Labor Day Tournament Waiver

Player Participation Contract

First Name									**Last Name**																
Address																				**Apt**					
City																					**State**			**C**	**A**
Zip									**Home Phone #**								-				-				
DOB			/			/			**Work Phone #**								-				-				
									Cell Phone #								-				-				
E-Mail Address																									
Driver's License Number																									

I hereby agree and consent to the following parameters as conditions of participation in the Woodland/Davis MSBL Carl Flowers Memorial Tournament.

Warranty of Player Fitness

I hereby warrant to the Woodland/Davis MSBL that I (player) have been cleared medically and have no impairment or ailment to prevent me from engaging in the activities of the Carl Flowers Memorial Tournament.

Release of Liability

I hereby assume total responsibility for any injury, accident, incident, illness, or death to me or any person while participating in ***ANY Carl Flowers Memorial Tournament*** activity, game, practice or function, including, but not limited to any Woodland/Davis MSBL mandated or scheduled functions. I fully acknowledge that any cost incurred for any reason will be my sole responsibility, and not the Woodland/Davis MSBL, President and its Board Members.

Player Participation

The Woodland/Davis MSBL Director reserves the right to disallow any player participation into then Carl Flowers Memorial Tournament.

I hereby agree to abide by all Rules and Regulations as set forth by the League President and its Board Members. Failure to abide by all Rules and Regulations could result in suspension or expulsion and possible team forfeiture of all games in which Rules and Regulations were violated.

I understand that fighting, physical abuse of players, umpires, or spectators, the use of abusive or offensive language, the abuse of any facility used by our league, the use of alcohol at any facility will not be tolerated by the Woodland/Davis MSBL and any violation could result in my banishment or suspension from the tournament and forfeiture of all fees paid.

I hereby acknowledge that I have read or will read all Carl Flowers Memorial Tournament rules prior to participating in this tournament activity.

I realize that there is no guaranteed playing time on any given team, associated with regular season and tournament play.

I fully agree that the terms and conditions of this agreement are binding.

_____ _____

Player's Signature **Date**

_____ _____

Manager's Signature **Date**