



GSA Official Youth Roster Waiver

PLEASE READ BEFORE SIGNING:

In consideration of being allowed to participate in any way in the Global Sports Alliance Inc. athletics/sports program whether involving team or individual sports and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury and/or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE GLOBAL SPORTS ALLIANCE, INC., its officers, officials, agents and/or employees, other participants, sponsoring agencies, directors, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event (collectively, the "Releases"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENT'S/GUARDIAN'S SIGNATURE SHOULD BE ON THE SAME LINE AS PLAYER'S NAME WHERE IT APPEARS ON THIS ROSTER. By signing this roster, parent or legal guardian agrees to the above statements and verifies that the player's date of birth is correct. Parent or legal guardian of each youth player must sign below. FOR PARENT/GUARDIAN OF PARTICIPANT OF MINORITY AGE: This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Global Sports Alliance, Inc.
2102 Juniper Drive
Plant City, Florida 33563
TEL: 813-763-5826



Official Team Roster

Team Name: _____

Address: _____ City/State/Zip: _____

Age Group: _____

	Player Names (type or Print)	Street Address, City, State	Zip	D.O.B	Parent/Guardian Signatures
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Team Manager's Affidavit

I am the manager of the above team and guarantee all of the information is correct to the best of my knowledge and that all of the players, parents or guardians signed the above in their own handwriting and acknowledge that they are eligible to play with my team.

Team Manager: _____ Email: _____

Address: _____ Telephone: _____

Team Manager's Signature: _____

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