	Moun	tain Elite Spo	rts - R	oster an	d Waiver Fo	rm	
Team Name:	Name: Sport: Age Group:			Name of Ins	urance Carrier:		
Manager Name:	Email:	Cell Phone:		Insurance Ce	ertificate Number:		
Manager Address, City, Sta	te, Zip:				T		
and forever discharge have against Mounta Mountain Elite Sport I further agree to ind and damages to prop incurred in defending	emnify and hold harmless Moun perty caused by my actions or om g such claims or lawsuits.	ith their employees, o juries, including deat tain Elite Sports, Inc. issions during my par	owners, of h, and dan from all c ticipation	fficers, and dire mages to propo laims, lawsuits in these activ	ectors, from all clain erty, whether real o , and any other liab ities. This indemnifi	ns, actions, or judgments I ma r personal, resulting from my dilities for personal injuries, inc cation includes all judgments	y have or claim to participation in cluding death, and expenses
	use of my photographs, videos, c cers, and directors. These materi	•	_				•
I, THE UNDERSIGNED, H	AVE READ AND UNDERSTAND THE FO	DREGOING RELEASE.					
Player's Name	Address, City, St	ate 7	Zip Code	Birth Date	Phone #	Parent or Guardian Signature	Relationship
	s, or players aged 18 and over mo itionally, team managers must er						
TEAM MANAGER'S AFFI	IDAVIT						
I am the manager of	the team specified above and ce					Signature of Team Manager	
by the respective ind	hat all signatures from parents, g ividuals. I confirm that all individ	luals signed are eligib	le to part	icipate with my	y team in Mountain		
Elite Sports activities	and agree to adhere to the rules	and regulations set f	orth by N	lountain Elite S	Sports.		
						Date Signed:	