

PIONEER BAGS ASSOCIATION

RELEASE FORM

OFFICIAL TEAM ROSTER



DATE _____ LEAGUE NIGHT _____

CAPTAIN'S NAME (PRINT) _____ **2ND CONTACT NAME (PRINT)** _____

CAPTAIN'S SIGNATURE _____ **2ND CONTACT SIGNATURE** _____

BEST CONTACT# _____ **BEST CONTACT#** _____

HOME ADDRESS _____ **HOME ADDRESS** _____

CITY & ZIP _____ **CITY & ZIP** _____

EMAIL _____ **EMAIL** _____

I HEREBY AGREE TO PLAY BAGS FOR _____ AND AGREE TO ALL RULES.
(TEAM NAME)

AS A CONSIDERATION FOR BEING PERMITTED TO UTILIZE THE FACILITIES AT PIONEER BOWL, INC, AND OR USING EQUIPMENT OF PROPERTY OF SAID ORGANIZATION, EACH SUCH PARTICIPANT AND USER AGREES TO ASSUME ALL LIABILITY FOR INJURY AND OR DAMAGE RESULTING FROM SUCH PARTICIPATION OR USE AND FURTHER AGREES TO HOLD PIONEER BOWL, INC., FREE AND HARMLESS ON ANY ACCOUNT OF ANY ACT OF OMISSION OR COMMISSION OR NEGLIGENCE ON THE PART OF PIONEER BOWL, INC., OR ANY OF IT'S OFFICERS.

	PLAYER'S NAME (PRINT)	PLAYER'S SIGNATURE	AGE	CITY / TOWN / VILLAGE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____