



ABCL TOURNAMENT HONGKONG 2017

A-Desiflava Box Cricket League

Yes, I would like my team to play in the ABCL Cricket Tournament

Team Name : _____

Captain's Name: _____

Captain's Address: _____

Vice Captain : _____ Manager (if any): _____

In consideration of this entry being accepted. I hereby, for myself, executors or administrators, waive & release all rights and claims for damages. I may have against the organizer and any all sponsors, their agents, successors and assigns for any injuries incurred before, during or after the ABCL tournament. I am in good physical condition. I also declare that i am 18 years of age or older.

I HAVE CEREFULLY READ THE AGREEMENT, WAVER AND RELEASE, AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT ME AND A-DESIFLAVA, ITS AGENTS AND VOLUNTEERS, AND I SIGN IT HERE BELOW OF MY OWN FREE WILL.

PLAYER'S INFO			
	Name	E-Mail /Phone No.	Signature
1			
2			
3			
4			
5			
6			
7			
8			
Optional Players if any			
1			
2			

As captain of this team I testify that all my team members have signed in my presence and understand its contents.

Signature Of Captain

Date :

