

# 2009 Touch Rugby Tournament Roster

## Saturday, June 27 – Kickoff at 9:00 a.m.

Team Name: \_\_\_\_\_ Captain's/POC's Name and Phone #: \_\_\_\_\_

	Name of Player	Waiver ?	Email address	Phone #	Alt. Phone #	Signature
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Indemnity Agreement – Each party or person using the school facility described in this application acknowledges and agrees that neither Howard County nor the Board of Education, CWF, or its agents and employees shall be responsible for any expenses, losses, damages, claims, lawsuits, or liabilities that are in any way caused by or result from the use of the property and agrees that each such party or person is jointly and individually responsible for any and all expenses of, costs of defense, losses to damages or claims made against CWF, Howard County or their agents and employees that are in any way caused by or result from the use of the property.

Tobacco, Drug, and Alcohol Prohibition – No tobacco, drugs, or alcohol of any kind will be permitted in or on any Board of Education buildings or grounds at any time – 24 hours per day, 7 days per week. Evidence of tobacco, drugs, or alcohol after the buildings and/or grounds have been used by an agency or organization may result in the termination of the permission to continue use of the buildings and/or grounds. (Board Policies 502 VII & 799,39 and Admin Regulation 800.30)