



臺灣觸球協會

# Taipei Touch Tournament

## 臺北觸球錦標賽

### Indemnity Waiver Form

**SPORT:** Touch

**ACTIVITY:** Taipei Touch Tournament

**Team Name:**

**City:**

**Captains Name:**

**Address:**

**Phone:**

**Email:**

#### **WAIVER, RELEASE, COVENANT NOT TO SUE & INDEMNITY AGREEMENT**

On behalf of all the members of \_\_\_\_\_ (my team)

We understand and accept that there are risks involved in participating in any recreational activity. We are aware of those risks, and are voluntarily participating in this activity with knowledge of the risks involved. We agree to accept any and all such risks of injury, death and/or property damage. We agree to the terms of this waiver, release, covenant not to sue and indemnity agreement as set forth herein.

In case of injury or illness, we give our consent to emergency transportation and the administration of first aid, medical and/or dental treatment. We accept responsibility for the payment of any emergency transportation, treatment expenses and any related or subsequent medical and/or dental bills. We acknowledge that Chinese Taipei Touch Association (hereinafter "CTTA") has not purchased and does not provide any medical or accident insurance to cover such expenses. Any such insurance is our responsibility to provide.

We waive, release, absolve indemnify and agree to hold harmless CTTA and its members or any representative of CTTA against any and all causes of action, claims, demands, losses, expenses, ability. In addition, we understand that our conduct, if deemed inconsistent with the rules of good sportsmanship and fair play, may result in any of our teams members' expulsion from this program.

I have fully read this document, understand its meaning and legal impact thereof and voluntarily sign this waiver, release, covenant not to sue and indemnity agreement. I am authorized to make this agreement on behalf of all my team members.

**Team representatives**

**Date (DD/MM/YYYY):**

**Name (Please print):**

**Signature:**

---