



Flag Football Team Packet



North Canyon
MEDICAL CENTER



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Flag Football Turkey Bowl

Thank you for participating in the Friends of NCMC Turkey Bowl. Please complete the team information below and have each team member complete a release waiver.

Team Name: _____

Team Captain: _____

Team Members: _____

Team Category : Adult Competitive - must be 15 and above

Cost:
Each player will donate a new child's coat for entrance into the tournament. Coats will be donated to the Twin Falls Optimist Coats for Kids.

Turkey Bowl Release Waiver

First Name: _____ Last Name: _____

Address: _____ City _____ St _____ Zip _____

Birthdate: ___/___/_____ Age on game day: _____ Sex: ___ Male ___ Female

Phone: _____ Email: _____

I for myself and on behalf of my heir's, personal representatives and/or next of kin, forever WAIVE and RELEASE any and all rights and claims for damages I may have against North Canyon Medical Center and their officers, directors, agents, and/or employees, as well as sponsors, advertisers, and volunteers (collectively, the Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, and/or loss or damage to person or property, incurred by me in connection with participation in this event; Flag Football Turkey Bowl.

Participant Signature (18 years of age and older) Date

Parental Release for participants under 18 years of age.

Parent's First Name: _____ Last Name: _____

Address: _____ City _____ St _____ Zip _____

Parent Signature Date



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