W.B.S.A INSURANCE WAIVER

As an official representative for _____ (*TEAM)*, I do hereby waive any claim against the WBSA for any injuries that may result to a player or players or team officials or spectator during the course of the tournament.

I understand that each team will be responsible for providing their own accident and liability insurance.

_____ _____ _____

Signature of League Official Title Date

W.B.S.A Roster Verification

As an official representative of _____ (league name), I do hereby attest that the date of birth for the players listed on our submitted team roster have been verified and are accurate and true.

_____ _____ _____

Signature of League Official Title Date