Title Town 2018 Waiver

Player's Name _____

Player's Age _____

Email _____

Phone # _____

Clinic Session(s) _____

Print Name of Parent or Guardian (if player is under 18) - _____

Signature of Parent or Guardian _____

Signature of Player if 18 or older _____

By signing this document I agree to hold Robert Costigan Jr. and Blu-Print Service LLC harmless from any and all claims due to injury during this clinic.