

## **Ashtra Titans Player Indemnity Form**

Paste and Cross Sign Player Passport Size Photo

## **Player Information**

Name: \_\_\_\_\_

Date of Birth:	Aadhaar Number:		
Phone No.:	Email:		4.
Indemnity Clau	se	1/1	
	d, hereby agree to participate in the activities of a sessions, and associated events. I acknowledge and	2017 2007 / / 200	icket Team, including all
that may 2. I release any claim 3. I am me regarding 4. I underst	and the risks involved in playing competitive cricket occur during participation.  and indemnify Ashtra Titans, its management, coach is, actions, or liability arising from my participation is dically fit to participate in competitive cricket, and my medical history that may affect my ability to say and that Ashtra Titans reserves the right to suspensafe for me or others.	hing staff, and as in team activities nd I have not w afely play.	ssociated personnel from s. rithheld any information
Media Release			
/	use of my name, image, and likeness by Ashtra Tit it, and digital marketing, without compensation.	ans for promoti	onal purposes, including
Parent/Guardia	n Consent (Mandatory for All Players)		4
This section must	be completed by the parent or legal guardian of th	e player.	
above, to participal involved and agree player's participal Parent/Guardian Relationship to Parent/Guardian Parent/Guardian	d n Name, herekoate in the activities of Ashtra Titans Cricket Team. ee to the above indemnity clause on behalf of the tion and release Ashtra Titans from any liability.  Name:	I acknowledge a	and understand the risks full responsibility for the
Player Signature	Parent/Guardian Signature		Date