#2006 ACIS FLAG FOOTBALL NATIONAL CHAMPIONSHIPS COLLEGE & MILITARY TEAM
ROSTER/RELEASE FORM

Please Type

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<tr>
<th>INSTITUTION</th>
<th>ADDRESS</th>
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<td>CITY</td>
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INTRAMURAL DIRECTOR

PHONE NUMBER ( ) - EMAIL

TEAM NAME: If different from Institution name

TEAM RANKINGS: If multiple learners are entered into the same division, please indicate their ranking during your intramural season.

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You are encouraged to list and pay fees for the maximum number of team members allowed. Any changes to the roster will cost $10.00 per addition, plus the appropriate fee per person and must bear the registrar’s seal and the intramural director’s signature. It is up to your team to determine your registrar’s closing holidays.

For consideration in being permitted to participate in the ACIS FLAG FOOTBALL NATIONAL CHAMPIONSHIPS (“EVENT”), to be held on December 29, 2006 – December 31, 2006 at the UNIVERSITY OF WEST FLORIDA, the undersigned participant (“PARTICIPANT”), for myself, my successors, heirs, assigns, executors and administrators forever release and discourage the University of West Florida and any other sponsor to the EVENT and affiliates, servants, agents, subsidiaries, corporate parents, officers, directors, partners, employees and of all sponsors of the EVENT from claims, causes of action, costs and judgments that I now or hereafter may have or claim to have against the University of West Florida and other sponsors, for personal injuries, including death, and damages to property, real or personal, caused by or arising out of PARTICIPANT’S involvement in the EVENT. I further agree to and do hereby assume all risks of personal injuries to PARTICIPANT, including death, and damages to PARTICIPANT’S involvement in the EVENT. I further agree for myself, my successors, heirs, assigns, executors, and administrators to indemnify and hold the University of West Florida and all other sponsors harmless for all claims and suits for personal injuries including death and damages to property, real or personal, caused by PARTICIPANT’S act or omission and arising out of PARTICIPANT’S involvement in the EVENT, and from all judgments and costs recovered in said claims and suits and from all expenses incurred in defending said claims or suits. I further agree the PARTICIPANT’S photographs, pictures, slides and movies taken or made by the University of West Florida and all other sponsors, in connection with the PARTICIPANT’S involvement in the EVENT, or a reproduction of the same, as well as PARTICIPANT’S name, may in any manner be used by the University of West Florida, or by any person, corporation, partnership or association authorized by the same. I warrant that PARTICIPANT is in good health and has no physical condition that would prevent PARTICIPANT from participating in the EVENT. I acknowledge it is the PARTICIPANT’S responsibility to secure appropriate personal medical insurance and no such coverage is provided or implied by the EVENT. Participant agrees that any medical transportation fee is their sole responsibility.

I have read and understand the foregoing and sign it voluntarily.

I certify that the above names on this roster meet the Nationals eligibility requirements and assume full responsibility for their eligibility. I have drawn a line through the remaining blank numbered lines on the roster to prohibit additional names being added without my knowledge. I am aware that participants must secure their own personal medical insurance.

As registrar, my signature and seal verify that the _________ (indicate number) student names on this roster are/were currently enrolled for Fall/Winter 2006 (minimum 6 credit hours) credit classes at this institution.

NOTE: This document will be accepted in original form only. NO FAXED COPIES WILL BE ACCEPTED!