

Croatian Eagles Soccer Club Adult 6 v 6 Tournament (8/9/2014)
Team Roster & Waiver of Liability and Release Form Acknowledgement

Team Name: _____

Age Division: _____

Team Manager: _____

Team Manager Signature: _____ Date: _____

	Player Name (Print)	Player Signature	Player Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Croatian Eagles Soccer Club Adult 6 v 6 Tournament

Waiver of Liability and Release Form

This form must be completed for each soccer player (participant). No player will be allowed to participate in Croatian Eagles Soccer Club Adult 6 v 6 Tournament games without this form, properly executed, and on file.

I, the undersigned, in consideration for my voluntary participation in organized soccer, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

I am at least 18 years old. My player status will be kept in good standing. I will not compromise myself in such a way as to do harm to the tournament, knowing that players may be dismissed from participation, with possible loss of payment or dues, for violent conduct or unsportsmanlike behavior on or off the field of play. I agree to pay for any and all damages to any property or indemnities caused by me willfully, negligently, or otherwise.

Soccer is a physical, contact, sport that involves the risk of injury. I ASSUME ALL RISKS AND HAZARDS ASSOCIATED WITH MY PARTICIPATION IN THE SPORT. I AM IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SOCCER PRACTICES AND GAMES AND HAVE NO ILLNESS, DISEASE OR EXISTING INJURY OR PHYSICAL DEFECT THAT WOULD BE AGGRAVATED BY MY PARTICIPATION. I WILL INFORM MY TEAM MANAGER IF THIS STATUS CHANGES. I FURTHER ACKNOWLEDGE THAT THIS RISK MAY INVOLVE LOSS OR DAMAGE TO ME OR MY PROPERTY, INCLUDING THE RISK OF DEATH, OR OTHER UNFORESEEN CONSEQUENCES, INCLUDING THOSE WHICH MAY BE DUE TO THE UNAVAILABILITY OF IMMEDIATE EMERGENCY MEDICAL CARE. I will wear shin-guards, properly-fitted and appropriate shoes, and other protective equipment (e.g., mouth-pieces), as provided by soccer rules, to all events.

The tournament does not have personal injury insurance that covers my participation. Therefore, I should have a current, active, personal injury insurance policy in force, which covers my participation. Under any condition, I am responsible for any and all medical expenses arising from my participation in the Croatian Eagles Soccer Club Adult 6 v 6 Tournament. I have the right and responsibility to inspect the equipment and facilities prior to events and, if I believe that anything may be unsafe, I will advise the team manager or supervisor of the condition and may refuse to participate. Participation assumes consent.

I authorize my photograph, picture or likeness, and voice to appear in any documentary, promotion (including advertising), television, video, or radio coverage of the league or tournament, without compensation.

I HEREBY RELEASE, WAIVE LIABILITY, DISCHARGE, HOLD HARMLESS, INDEMNIFY, AND COVENANT NOT TO SUE, THE CROATIAN EAGLES SOCCER CLUB AND TOURNAMENT, THEIR ASSOCIATED DIRECTORS, ADMINISTRATORS, OFFICERS, MANAGERS, EMPLOYEES, COACHES, TRAINERS, VOLUNTEERS, SPONSORS AND ADVERTISERS, AND OTHER AGENTS, ESTATES OR EXECUTORS, FROM ANY AND ALL LIABILITY INCURRED IN THE CONDUCT OF, AND MY PARTICIPATION IN, THEIR SOCCER PROGRAMS. THIS INCLUDES OWNERS, LESSORS, AND LESSEES OF PREMISES, MUNICIPALITIES, GOVERNMENT AGENCIES, SUCCESSORS, HEIRS, AND ASSIGNS.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns. By signing my name on the attached roster, I agree and consent to abide by the Waiver of Liability and Release set forth herein.