

St. Columbkille 3v3 Soccer Tournament 2018

TEAM ROSTER & TOURNAMENT WAIVER

Every player must complete this waiver and the St. Columbkille Complex Waiver.

Team Name: _____ Age: _____ B/G Division _____

Contact Person: _____ Email: _____

Home #: _____ Cell #: _____

Participant Release of Liability- Read before signing

In consideration of being allowed to participate in the St. Columbkille 3v3 Soccer Tournament Event.

I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of personal injury from the activities involved in this program is significant, including the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for me participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation I will remove myself or my child from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself on behalf of my heirs, assigns, personal representatives and next of kind, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS, St. Columbkille Soccer Club, St. Columbkille 3v3 Soccer Tournament, their officers, officials, employees, sponsoring agencies, and advertisers, and owners and lessors of premises used to conduct the event ("Releases"), with RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY/ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, & SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES, to the fullest extent permitted by the law.

PRINTED Player Names:	Birth Date:	Parent Signature OR Player over 18yrs
P1. _____	_____	_____
P2. _____	_____	_____
P3. _____	_____	_____
P4. _____	_____	_____
P5. _____	_____	_____
P6. _____	_____	_____

Players are only allowed to play on one team per age group.

TOURNAMENT DATE: AUGUST 4, 2018