

TEAM ROSTER and LIABILITY WAIVER ACKNOWLEDGEMENT

Team Name _____

	Players Name (Print)	D.O.B	Email address
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Manager's Name: _____

Signature _____ Date _____

Tournament Risk Waiver and Release of Liability:

I acknowledge that soccer and soccer tournaments are extreme tests of a person's physical and mental limits and that my participation in a soccer event can cause potential death, serious injury, or property damage. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A SOCCER EVENT. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

a) I WAIVE, RELEASE, AND DISCHARGE Columbus Cup Soccer tournament, its organizers, referees, associates and field owners from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my traveling to and from or my participation in the Columbus Cup Soccer tournament;

b) I AGREE NOT TO SUE the Columbus Cup Soccer tournament, its organizers, referees, associates and or field owners for any of the claims or liabilities that I have waived, released or discharged herein;

c) I INDEMNIFY AND HOLD HARMLESS the Columbus Cup Soccer tournament, its organizers, referees, associates and or field owners from any claims made or liabilities assessed against them as a result of my actions.

1. I have read and understand the Waiver and Release of Liability;
2. I am at least eighteen (18) years old;
3. By submitting the attached roster I agree and consent to abide by the Waiver and Release of Liability set forth herein