

Norman Regional Kick or Treat Tournament Waiver

Saturday, October 28, in Norman, OK

Official Team Roster & Waiver / Release of Liability

Gender & Age Division

Team Name

Contact Person Cell Phone

PLEASE READ BEFORE SIGNING! In consideration of being allowed to participate in any way in the NYSA Norman Regional Kick or Treat Tournament, the undersigned, for themselves, their representatives, heirs, and next of kin: 1. Acknowledges, appreciates, and agrees that the risk of injury from the activities involved in the Tournament is significant, including the potential for injury 2. KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation; and, 3. Willingly agrees to comply with the stated and customary terms and conditions for participation. If, however, they observe any unusual significant hazard during their presence or participation, they will remove themselves from participation and bring such to the attention of the nearest official immediately; and 4. Acknowledges, appreciates, and agrees that they have read this form and understand that by signing it, they are giving up legal rights and remedies on behalf of themselves and their family, estate, heirs, and assigns; and 5. HEREBY INDEMNIFIES, RELEASES, AND HOLDS HARMLESS NYSA, its affiliates, subsidiaries, and their officers, officials, agents and/ or employees, directors, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), concerning ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE; and 6. HAS READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT and authorizes on their behalf any of the Releasees to obtain any medical care or treatment deemed necessary; and 7. Warrants and represents that they (i) is the owner of all rights granted hereunder or has been duly authorized by the owner of such rights to grant same and (ii) is at least eighteen (18) years of age or is the legal parent or guardian of the minor child listed

below and is executing this WAIVER / RELEASE OF LIABILITY / on behalf of such minor child. BAD WEATHER POLICY: If the weather cancels the Tournament before the start of the first game, the Tournament will retain 50% of the team entry fee to cover the start-up cost. The other 50% will be returned to the coach within 30 days.

The Max roster for the 4V4 format is ten players.

Player's Full Name, Date of Birth, Cell Phone #

Signature of Player/Parent/Guardian**

1.

Sign

2.

Sign

3.

Sign

4.

Sign

5.

Sign

6.

Sign

7.

Sign

8.

Sign

9.

Sign _____

10. _____

Sign _____

Team Contact/Coach's Verification: This is to certify that this roster does not include any they have assumed names and that each player conforms to eligibility rules set by the US Soccer age levels.

Coach / Team Contact Signature _____

Date _____

Print Name _____

Tournament Official Date _____

TEAM NAME _____