

Team Roster and Liability Waiver



Division:

Over 18 coed open ____ Over 21 women open ____ Over 21 men ____ Over 30mens ____
Over 30 coed open ____ Over 40 men ____

Team Name _____ Coach _____

Phone _____ Email _____

WAIVER DISCLAIMER

I understand that there are risks involved to participate at **US Soccer Agency Inc.** events. I hereby authorize the directors of **US Soccer Agency Inc.** to act for me according to their best judgment in any emergency requiring medical attention.

I here by waive and release **US Soccer Agency Inc.** from all liability and agree to accept all medical expenses incurred. I know of no physical or mental problem that will affect my ability to safely participate in this event.. Dismissal due to disciplinary action will result in no refund. I acknowledge and accept the conditions above with my signature below.

I certify I am in good health, and may participate in strenuous physical activities at **US Soccer Agency Inc.** events. I certify that there are no physical limitations to me. Permission is granted to receive emergency medical treatment if needed. I hereby release and forever discharge **US Soccer Agency Inc.** and all their agents, employees and affiliated entities from any and all liability, claims, demands, and cause of action for personal injury or death, property damage, and/or other loss suffered by in participation in **US Soccer Agency Inc.** events. I acknowledge and accept that this Release and Waiver is intended to be binding on the family, estate, heirs, executors, administrators and assigns of the minor named above. I further acknowledge and accept that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which **US Soccer Agency Inc.** event is taking place and agree that if any portion of this release and Waiver is invalid, the remainder will continue to be in full force and effect. I agree that this Release and Waiver binds the minor and me to all of its terms.

Team roster:

1 Player Name _____ DoB _____ Gender _____

Address _____ City /State/Zip _____ T-shirt size _____

Player Signature _____ Date _____

2 Player Name _____ DoB _____ Gender _____

Address _____ City /State/Zip _____ T-shirt size _____

Player Signature _____ Date _____

3 Player Name _____ DoB _____ Gender _____

Address _____ City /State/Zip _____ T-shirt size _____

Player Signature _____ Date _____

4 Player Name _____ DoB _____ Gender _____

Address _____ City /State/Zip _____ T-shirt size _____

Player Signature _____ Date _____

5 Player Name _____ DoB _____ Gender _____

Address _____ City /State/Zip _____ T-shirt size _____

Player Signature _____ Date _____

6 Player Name _____ DoB _____ Gender _____

Address _____ City /State/Zip _____ T-shirt size _____

Player Signature _____ Date _____

7 Player Name _____ DoB _____ Gender _____

Address _____ City /State/Zip _____ T-shirt size _____

Player Signature _____ Date _____

8 Player Name _____ DoB _____ Gender _____

Address _____ City /State/Zip _____ T-shirt size _____

Player Signature _____ Date _____

Please complete this form and send it back in before tournament check in.