



RELEASE OF LIABILITY FOR YOUTH SOCCER TOURNAMENT

PLEASE READ BEFORE SIGNING. FORM WITH SIGNATURES IS REQUIRED AT TEAM CHECK IN AND WILL SERVE AS FINAL TOURNAMENT ROSTER.

IN CONSIDERATION OF the child/adult named below being permitted to participate in activities and events by Reds Events, the undersigned acknowledges, understands, and agrees to the following:

1. The risk of injury and/or illness from activities involved in youth soccer 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.
2. The risk to have direct or indirect contact with individuals who have been exposed to or diagnosed with a communicable disease, including but not limited to COVID-19 or other medical conditions, diseases, maladies, or variations thereof, does exist and it is impossible to eliminate the risk that this child/adult could become infected through contact with or close proximity to an individual with a communicable disease.
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for this child/adult's participation in youth soccer.
4. 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 at activities and/or events under the jurisdiction of the Reds Events, this child/adult will discontinue participation and bring such hazard to the attention of the nearest Reds Events coach, staff or club representative immediately.
5. This child/adult, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS Reds Events, their officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the events ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, to this child/adult, to the fullest extent permitted by law.
6. Player eligibility for NCAA, collegiate sports and local school districts vary. The event organizers are not responsible for determining each players' eligibility before registering for this tournament.
7. Further, I hereby grant full permission for event organizers to record any or all of my participation in this event for photos, recordings and other media known or unknown, and to use them, no matter by whom taken, in any matter to publicity, promotions advertising trade or commercial purposes, without any reimbursement of any kind due to me, or the need to pay me any fee.

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TEAM ROSTER

DATE: _____

TEAM NAME: _____ DIVISION: (ie., U7 Boys): _____

COACH/CONTACT: _____

CONTACT EMAIL: _____ CELL: _____

SECOND CONTACT: _____ CELL: _____

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in the waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against injuries and illnesses (including communicable diseases).

Furthermore, my/our child/ward understands and accepts these risks and responsibilities. I for myself, the other parent, and child/ward do consent and agree to his/her release provided above for all the Releasees. I, the other parent, and my/our child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my/our minor child's/ward's presence or participation in youth soccer activities as provided above, to the fullest extent provided by law.

	PLAYER NAME	DATE OF BIRTH	PARENT/GUARDIAN SIGNATURE
1			
2			
3			
4			
5			
6			
7			
8			

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