



## RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I, the undersigned intend to participate in the 2026 Rivertown Classic Soccer Tournament (the “Event”) at the Hudson Soccer Complex (“the Complex”), taking place May 8-10, 2026, including, but not limited to, any and all transportation to, from and between Event locations and all other activities related to the Event and my participation in the Event. In consideration of the privilege of participating in the Event, I hereby agree as follows:

1. In the event that I incur any injury or other loss in connection with the Event, including any injury or loss resulting from; (i) the condition of the grounds, buildings, equipment, parking lots or other aspects of the Complex, (ii) the negligent operation of the Complex or the Event, or (iii) any other actions of any party in connection with the Event, including the Hudson Soccer Association (the “Released Parties”), I hereby waive any right to bring a claim or legal action against the sponsor of the Event, the manager of the Complex, the owner of the Complex, the Released Parties or any of their trainers, physicians, volunteers, staff or other agents, and I release such parties from any liability for such injury or loss.
2. I recognize and fully assume the risks of my participation in the Event, including serious injury, paralysis, disability and even death, as well as loss of or damage to my property. I am also aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. If I chose to wear a facemask, it is at my own risk.
3. I authorize any trainers, physicians or other medical staff engaged by the sponsor of the Event or the manager of the complex to treat me for any injury or medical condition during the Event, and I authorize my transport and admission to any hospital or other medical facility for diagnosis and treatment if deemed necessary in the sole judgment of such trainers, medical staff, or any emergency medical responders.
4. I understand that the Event may be photographed, videotaped, or otherwise recorded, and I agree that the Event shall be the exclusive owners of the results of such photographing, videotaping and/or recording with the right, throughout the world, in perpetuity, to register for copyright, to use and to assign and/or license others to use all or any portion of the results thereof (or a reproduction thereof), in all media and in any manner now known or hereafter developed, in connection with the Event or otherwise, without any additional consideration to me or to any third party. I further agree that the Event may use my name, voice and likeness (in any form and without regard to distortions of character, form or color, or any other alteration) in photographs, videotapes, audiotapes, and all other media now known or hereafter developed, throughout the world, for an unlimited number of times, in perpetuity, in connection with the Event or otherwise, without any additional consideration to me or to any third party.
5. I enter into this Waiver and Release for myself and on behalf of my heirs, assigns and legal representatives.
6. This Waiver and Release shall be governed by the laws of the State of Wisconsin.

Organization / Team Name: \_\_\_\_\_

Age Group: \_\_\_\_\_

Team Contact Name: \_\_\_\_\_

Team Contact Email: \_\_\_\_\_

Team Contact cellphone: \_\_\_\_\_

**Head Coach:**

**Signature:**

**Date:**

\_\_\_\_\_

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**Players:**

**Signature:**

**Date:**

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