

Official Team Roster and Waiver / Release of Liability

In consideration of being allowed to participate in any way in the **CANCER KICKERS 3V3 TOURNAMENT**, related events and activities (collectively, the "Event"), the undersigned, for himself/herself, his/her personal representatives, heirs, and next of kin: 1. Acknowledges, appreciates, and agrees that the risk of injury from the activities involved in the Event is significant, including the potential for injury, permanent paralysis and death; 2. KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, 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 he/she observes any unusual significant hazard during his/her presence or participation, he/she will remove him/herself from participation and bring such to the attention of the nearest official immediately; and, 4. Acknowledges, appreciates, and agrees that he/she has read this form and understand that by signing this form, HEREBY INDEMNIFIES, RELEASES AND HOLDS HARMLESS CANCER KICKERS 3V3 TOURNAMENT, MIKE ROSE SOCCER COMPLEX, OS MEMPHIS, all facilities, its affiliates, subsidiaries and parent entities, and their officers, officials, agents and/ or employees, directors, shareholders, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO 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 5. HAVING READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT and authorizes on his/her behalf any of the Releasees to obtain any medical care or treatment deemed necessary; and 6. Warrants and represents that he/she (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; and, 7. Acknowledges, appreciates, and agrees that if the named team above is not accepted into the event that the entry fee will be refunded in its entirety. However, there will be no refunds granted for 1) Your team's inability to participate due to player injury, personal schedule or game scheduling conflicts, team drama, or other reason; 2) inclement weather, etc. In case of inclement weather, the Event Director/s reserves the right to reduce the number of scheduled games and/or the time of games and/or postpone or delay game times and/or cancel the Event. Every effort will be made to complete games and the tournament. Entry fees are non-refundable after registration deadlines. The event organizers are not responsible for determining each players' eligibility. Further, I hereby grant full permission for event organizers to record any or all of my participation in this event for photos, motion pictures, TV, radio, recordings and other media known or unknown, and to use them, in any matter including publicity, promotions advertising trade or commercial purposes, without any reimbursement of any kind due to me. **Code of Conduct** with my signature I/others associated with this team agree to conduct ourselves in a respectful/sporting manner which includes accepting all decisions of the officials and tournament directors. All tournament officials' decisions are final. Any and all conduct deemed unsporting, I agree that I/team could receive penalties including but not limited to forfeiture or the dismissal from this event and possible future events.

EVENT: _____ DATE OF EVENT: _____

TEAM NAME: _____ DIVISION/GENDER: _____

**Players may sign if over the age of 18.

	Player/Parent/Guardian **	For	Player (players full name - PRINT)	Date of Birth
1		For		mm / dd / yyyy
2		For		mm / dd / yyyy
3		For		mm / dd / yyyy
4		For		mm / dd / yyyy
5		For		mm / dd / yyyy
6		For		mm / dd / yyyy

TEAM CONTACT/COACH'S VERIFICATION: This is to certify that this roster does not include any assumed names and that each player conforms to eligibility rule governing CANCER KICKER 3V3.

COACH / TEAM CONTACT PERSON (Print): _____

SIGNATURE: _____ **Date:** _____

PLEASE TURN THIS FORM IN AT CHECK-IN