



CANTON CUP TOURNAMENT - LIABILITY WAIVER FORM

INSTRUCTIONS: 1) Complete Team/Coach Information at the top and verify the coach is Concussion Training Certified by initialing. 2) For each player, write in their name and check off that you have both the completed Medical Release Form (**MED**) and Concussion Form (**CON**). 3) Each player must have a parent/guardian signature. 4) Upload document (pdf only) to your MYTEAM account.

TEAM ID: _____ TEAM NAME: _____ CLUB: _____

COACH NAME: _____ COACH SIGNATURE: _____ CONCUSSION CERTIFIED: _____

INITIAL

Canton Twp., Plymouth Canton School District, their officers, directors, members, shareholders, sponsors, managers, employees, agents, successors and assigns (collectively "Released Parties") shall not be liable for any injury or loss which my child/children may sustain or suffer while participating in or attending this soccer tournament. I hereby release and agree to indemnify and hold harmless the Released Parties from any and all claims whatsoever, without limitation on such indemnity. I understand that athletic trainers and medical personnel are at the tournament site, and that should my child/children require medical attention, such personnel may be summoned by myself or tournament staff.

#	MED	CON	PLAYER NAME	PARENT/GUARDIAN NAME (PRINTED)	PARENT/GUARDIAN SIGNATURE	DATE
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