

TEAM LIABILITY RELEASE

Team Name _____

Age division and gender _____

Coach & Address _____

Adult Team Manager (if coach is a minor) & address

Phone number where a team contact can be made during this tournament:

Name _____ **Phone** _____

I hereby, for myself, executors, administrators, heirs and above assignees, release the Spearfish Soccer Association, tournament officials, SDSSA, and Black Hills State University, officer, officials, and representatives from all responsibilities resulting from any and all injuries sustained while participating in or attending this tournament. I further agree to abide by the rules and regulations of the tournament. The above named are not responsible for any expenses incurred by any team if the tournament is cancelled in whole or in any part.

Signature of Coach _____ Date _____
(or Adult Manager)

All coaches: This form is required to be signed and presented at check-in along with the player passes, player medical releases, official state roster(s), guest player form(s) (for players not on your roster), and travel papers (for out-of-state teams). Please bring two copies of your roster if you are splitting one team into two teams.