

# Batesville Soccer Club

## 3v3 Tournament

Waiver: Every player and their parent/guardian, if the player is under 18, must read this Waiver Form.

Signatures on this waiver form signify each person has read, understands and abides by this information. There are risks connected with my, or my child's or ward, participation in this tournament and its related activities. I release, waive, discharge and covenant not to sue Batesville Soccer Club, City of Batesville and Indiana Youth Soccer from all action, suits and demands whatsoever in law or in equity from demand, losses or damage on account of injury including death caused in whole or in part by the negligence of the releasee or otherwise. I understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property damage, whether suffered by me, or my child or ward, before, during or after such participation. I declare that I, or my child or ward, am/is physically fit and have/has the skill level required to participate in this particular event. I further authorize medical treatment for myself, or my child or ward, at my cost, if the need arises. Players' eligibility for NCAA, collegiate sports, local school districts and state soccer associations vary. The event organizers are not responsible for determining each player's eligibility. I certify that I am 18 years of age or older and that I am entering into this Agreement for myself or as the Parent or Legal Guardian for a minor that is under 18 years of age.

Team Name: \_\_\_\_\_ Division: \_\_\_\_\_ (ie U12 Girls)

Player Name: \_\_\_\_\_ Player Name: \_\_\_\_\_

Player D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Player D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Player Name: \_\_\_\_\_ Player Name: \_\_\_\_\_

Player D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Player D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

This waiver form must be received by Batesville Soccer Club prior to team play.