



# Gahanna Fall Open

www.gahannafalopen.com

## Liability Release and Waiver – Gahanna Fall Open Soccer Tournament

Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_ Division: \_\_\_\_\_

I desire that my child participate in the Gahanna Fall Open Soccer Tournament. Accordingly, I/we agree to abide by the rules, regulations, and operation procedures of the Gahanna Fall Open. I understand that there is always the possibility of serious injury, and even death, during soccer related events. In exchange for allowing my child to participate in this tournament, I/we hereby agree to hold harmless, release, discharge and/or otherwise indemnify the Gahanna Fall Open, Gahanna Soccer Association, Ohio South Youth Soccer Association, US Youth Soccer Association, City of Gahanna, Mifflin Township, Franklin County and Franklin County Board of Commissioners, the owners and caretakers of the fields and facilities used, and any and all involved officers, directors, agents, assigns, volunteers, and employees of such groups, from any liability, claims, or cause of action for injury, damage, or death. This hold harmless, release, discharge, and indemnification is on behalf of myself, the child’s parents and/or guardians, and the participating child. I aver that I am the legal parent or guardian of the participating child and that I have full authority to agree to this Liability Release and Waiver on the child’s behalf.

No.	Player Name	Parent/Guardian Name	Parent/Guardian Signature	Date
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