



Waiver of Liability, Medical Release & Code of Conduct
2017 Summer 5v5 Tournament Series
June 24th, 2017



Club: \_\_\_\_\_ Team: \_\_\_\_\_ Age group: \_\_\_\_\_

Player Name (please print in alphabetical order)

Signature

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

WAIVER OF LIABILITY: (As the parent and/or legal guardian of the player listed above) I am aware that during my participation and attendance in Summerville Soccer Club's 2017 5v5 Tournament Series, that certain risks and dangers may occur, including, but not limited to the following: hazards inherent in the sport in which I will be training, preparing and competing; negligence or other careless acts and omissions by Summerville Soccer Club (SSC), other participants, spectators and sponsors; and hazardous or dangerous conditions of facilities and/or grounds. In consideration of the acceptance of my entry (or my child's entry), and the right to participate, I do hereby assume all of the above risks, waive and release any and all claims or causes of action of any kind and nature which I may now, or hereafter have against Summerville Soccer Club and/or their sponsors. The terms hereof shall serve as a release, waiver and assumption of risk for my heirs, executors and administrators, and for all members of my family, including any minors accompanying me.

MEDICAL: Recognizing the possibility of physical injury associated with soccer and in consideration of SSC and its parent organizations, South Carolina Youth Soccer Association (SCYSA), United States Youth Soccer Association (USYSA), and United States Soccer Federation (USSF), I hereby release, discharge and/or otherwise indemnify SSC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities against any claim by or on behalf of the registrant's participation in the tournament and/or being transported to or from the same, which transportation I hereby authorize. Therefore, I consent to receive any and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the tournament organizers. I also assume the financial responsibility for any and all medical treatment for myself and/or my child.

CONDUCT: I will not address the referee during the game; the only acceptable exception is pointing out emergencies or safety issues. I will not coach from the touch line. I will encourage good sportsmanship by showing positive support for all players, coaches, and officials. I will treat other players, coaches, fans, and officials with respect. During games I will stay at least three feet from the touchline and completely away from the goal and the player/coach touchline. I will encourage fair play. I will not bring alcohol or illegal substances inside SSC's soccer complex. I will not use profanity around players, fans, or officials.

PARENT/LEGAL GUARDIAN OF PARTICIPANT (required if participant is under the age of 18): I consent and agree to the above on my child's behalf, to release, waive and assume the risks of any claims or causes of action which my child or I may now or hereafter have against each of the organizations and individuals listed above. Additionally, I consent to allow my child to receive emergency medical treatment as deemed necessary and appropriate.