

Highland Soccer Club

Annual 3 on 3 Tournament

Waiver

Player Name: _____

Team Name: _____

Birth Date: _____

This waiver is made to allow my child to participate in the Highland Soccer Club 3v3 Tournament. I recognize that my signature on this waiver is a condition of your permitting my child to participate. I agree that you may photograph and/or videotape my child during the tournament and that you retain the rights to use these visual images without compensation to my child or me.

I understand that there are risks to injury involved in participating in such an event and hereby release and discharge the Highland Soccer Club, its volunteers and event sponsors from any and all liability, claims, demands, and causes of action for personal injury, property damage, and/or other loss suffered by my child in connection with his/her participation in the tournament. In my absence and in the event of injury to my child I request that medical attention be given my child by a duly licensed doctor, dentist or other medical professional.

I represent that I am a parent/guardian of the minor named above and I agree that the grant and release contained therein binds the minor and me to all of its terms.

Parent/Guardian Signature

Date