



# LIABILITY FORM

I hereby agree that Fort Wayne Sport Club Youth Board, Pat Teagarden Memorial Cup Board, Fort Wayne Sport Club Social Club, members, parents and players are collectively released parties shall not be liable for any injury or loss which my child(ren) may sustain or suffer while participating in or attending this soccer tournament. I hereby release and agree to indemnify and hold harmless the released parties from any and all claims whatsoever without limitation on such indemnity. I understand that athletic trainers and medical personnel may or may not be present at the tournament site, that should any child(ren) require medical attention, such personnel will be summoned by calling Emergency 911.

PLAYER NAME	PARENT NAME	PARENT SIGNATURE	DATE

TEAM NAME: \_\_\_\_\_ AGE GROUP \_\_\_\_\_ GENDER \_\_\_\_\_