

Coerver Cup ROSTER and WAIVER FORM

TEAM NAME and BIRTH YEAR Age Group: _____

I, the undersigned and parents/legal guardians do hereby give my consent and agree to release, discharge and/or otherwise indemnify and hold harmless Coerver Ohio, Facility Used by Coerver Ohio, all personnel, including officials, staff, and representatives, Flux LLC, and all personnel, including officials, staff, representatives, sponsors, volunteers, promoters, vendors and owners, from any claim from any loss, liability, damage or cost which any may incur as the result of such claim, arising out of any personal or physical injury or death, on or off the field of play, to the named individuals below while participating and/or being transported to or from the event, in the Coerver Cup Tournament.

I, the undersigned coaches, players and parents/legal guardians do understand the roughness of the sport as well as the different and unique characteristics of playing in sand. I, recognize the inherent risk of serious or permanent physical injury and possible death associated with sand soccer activities and games. And I have read and understand all of the rules.

I have read, understood and agree with the above terms. I also understand that if I do not agree, I do not participate in this tournament.

RELEASE OF PHOTOGRAPHY

By signing below, I hereby give my consent to Coerver Ohio to take photographs, video recordings, and/or sound recordings in documenting the activities of the Coerver Cup Tournament. I grant Coerver Ohio and their affiliate's permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Coerver Cup and Coerver Ohio educational and promotional purposes in manuals, on flyers, the internet, or other publications.

EMERGENCY AUTHORIZATION

I, the undersigned and parents/legal guardians, do hereby authorize the coaches, assistants, or any adult member of the team acting in capacity of activity supervisor or coordinator, to give consent to medical, surgical or other medical treatment deemed necessary for the immediate attention as needed until a member of my family may be notified to make those decisions. In the event of the need to transport or treat a life threatening manner, by signing below I authorize this care be administered by any hospital, physician, lifeguard, EMT or other medical professional.

Note: This is a 2 (two) page document. Both pages must be turned in to the Coerver Cup at check in, before the start of the tournament.

TEAM ADMIN / MANAGER NAME, SIGNATURE, DATE (Please print clearly)

- ALL INFORMATION IS REQUIRED TO BE ELIGIBLE TO PARTICIPATE IN OUR EVENT.
- PLEASE RETURN US A COPY VIA EMAIL AND KEEP A COPY FOR MATCH DAY.
- YOU MUST NOTIFY US OF ANY CHANGES PRIOR TO YOUR FIRST MATCH.

1.Name (#) Parent Name: Sign:
DOB: () Email: Phone: ()

2.Name (#) Parent Name: Sign:
DOB: () Email: Phone: ()

3.Name (#) Parent Name: Sign:
DOB: () Email: Phone: ()

4.Name (#) Parent Name: Sign:
DOB: () Email: Phone: ()

5.Name (#) Parent Name: Sign:
DOB: () Email: Phone: ()

6.Name (#) Parent Name: Sign:
DOB: () Email: Phone: ()

7.Name (#) Parent Name: Sign:
DOB: () Email: Phone: ()

8.Name (#) Parent Name: Sign:
DOB: () Email: Phone: ()