

# 2021 TFA FALL BALL CLASSIC LIABILITY RELEASE and COMPLIANCE FORM

I, the undersigned, by participating in the Fall Ball Classic sponsored by Total Futbol Academy understand and agree that such activity has certain inherent risks that can and do result in injury that can be serious, life limiting, and life threatening. I, the undersigned, agree to release Total Futbol Academy and the MetroParks of Butler County, its' elected and appointed officials, employees, or volunteers from all claims resulting from any and all injuries sustained while participating in the Fall Ball Classic, except that arising out of the sole negligence of Total Futbol Academy or MetroParks of Butler County, its' elected and appointed officials, employees, or volunteers.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating. I also understand that athletic trainers are not guaranteed, and emergencies should be addressed to 911 Emergency.

I acknowledge that I have reviewed the Youth Sports Organization Concussion information shared on the tournament website.

I hereby agree that all coaches, parents, and players listed below have watched the required videos on Sudden Cardiac Arrest (SCA) and have been given the SCA Informational Handouts. By signing below, I hereby confirm that all coaches, parents and athletes have met the standards set forth in the state bill 252 (Lindsay's Law) in accordance with the State of Ohio.

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

Player Name	Parent Printed Name	Parent Signature	Date
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Head Coach Name	Coach Signature		Date
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