

Tournament Waiver Form

Released and indemnity agreement: In consideration of being allowed to participate in any way in the Futsal Factory Academy activities, the undersigned:

1. Acknowledges and fully understands that each participant will be engaging in activities that involve the risk of injury, intentional or unintentional, to the participants or others. I assume all risks associated with IL Futsal Factory Academy activities, including, but not limited to, the specific risks related to participating in or attending soccer (Futsal) matches, trainings and scrimmages.

2. In consideration for being allowed to participate in IL Futsal Factory Academy activities, I hereby waive and release any and all rights and claims for damages against IL Futsal Factory and all other organizations or persons involved in Futsal Factory Academy activities shall have no liability for any claims, suits, losses, or related causes of action for damages or otherwise that may arise from my participation in IL Futsal Factory activities, including, but not limited to, any claims related to injury or death. I hereby voluntarily waive all such claims and agree that neither I nor anyone else may assert such claims on my behalf.

3. Releases, waives, discharges, and covenants not to sue nor make claim against IL Futsal Factory or any facility that IL Futsal Factory Academy activities participate in, and any of the IL Futsal Factory Academy sponsors or their respective administrators, directors, agents, coaches and employees or owners/lessors of premises utilized, for losses or damages on account of injury, including death or damages to property, cause or alleged to be caused in whole or in part by the negligence of the Release.

4. I understand that I am solely responsible for any medical bills or other costs that may result from my attendance or participation in IL Futsal Factory Academy activities. In the event that I become ill or am injured while attending or participating in IL Futsal Factory activities, I authorize any appropriate medical treatment and specifically release all of the Organizers from any liability associated with providing or not providing such treatment.

5. If I am a parent, I assume the responsibility of the safety of my child from the following but not limited to hazards such as: faulty equipment, damages to facilities or courts, dangerous objects, inclement weather. I also take responsibility for my child's actions and will obey all IL Futsal Factory Academy and facility rules.

6. I consent to my child's video or photo to be used on flyers, websites, and brochures for advertising purposes.

I agree that I am 18 years or older or will have a parent/guardian sign the waiver/release form and I agree to obey all applicable Tournament rules and instructions of Tournament officials and referees.

I hereby give permission for any and all medical attention necessary to be administered to my son/daughter in the event of an accident, injury, sickness, etc., until such time as I may be contacted.

The release is effective for the time during which my child is participating in the **2024 Midwest Futsal Winter Cup**. I also hereby assume the responsibility for payment of such treatment.

TEAM NAME:

AGE GROUP:

1. Player Name _____ Parent Name _____ Parent

Signature _____

2. Player Name _____ Parent Name _____ Parent

Signature _____

3. Player Name _____ Parent Name _____ Parent

Signature _____

4. Player Name _____ Parent Name _____ Parent

Signature _____

5. Player Name _____ Parent Name _____ Parent

Signature _____

6. Player Name _____ Parent Name _____ Parent

Signature _____

7. Player Name _____ Parent Name _____ Parent

Signature _____

8. Player Name _____ Parent Name _____ Parent

Signature _____

9. Player Name _____ Parent Name _____ Parent

Signature _____

10. Player Name _____ Parent Name _____ Parent

Signature _____