



RELEASE OF LIABILITY AND DISCLAIMER

(Please read carefully before signing)

I/We (parent or guardian if applicable) _____ hereby give my/our consent and agree to release, indemnify and hold harmless the Beach5SandSoccer Tournament and all personnel, including but not limited to officials, staff, representatives, and the city of Ocean City, its officers, agents and/or employees, other participants, sponsors, advertisers, I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS EVENT, with respect TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage of person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I/We understand the risk of injury involved in this activity is significant, including the potential for permanent paralysis and even death, and KNOWING AND FREELY ASSUME ALL SUCH RISK, both known and unknown, even if arising from the negligence of others. I/We agree to comply with the rules and conditions for participation. I/We agree to remove myself/ourselves from participation if I/We observe any unusual or significant hazard.

I also grant Beach5SandSoccer Tournament the right to photograph the below named individual's participating in the soccer activities and use the photographs in future advertising including online webpage.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said event.

I/WE HAVE READ THIS RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS TERMS AND CONDITIONS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I/WE SIGN IT FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

Participant's Name (print) _____ Date ____/____/____

Team Name _____

X Participant's Signature (if 18 years or older) _____

X Parent's Signature (if participant is 17 or younger) _____

EMERGENCY AUTHORIZATION

I/We the undersigned, parent(s) or guardian(s) of the participant, a minor, do hereby authorize the coaches, staff, representatives or parents of the team members acting in a capacity of activity supervisors, as agents for the undersigned do hereby consent to medical, surgical or dental examination or treatment in the case of emergency. I/We hereby authorize treatment and/or care of the participant in ANY hospital and/or medical physician. If there is an emergency and I/We cannot be reached please contact the person named below:

Name _____ Phone Number _____

Family Doctor _____ Phone Number _____

X Participant's Signature (if 18 years or older) _____

X Parent's Signature (if participant is 17 or younger) _____