



**WILD WEST FEST
3 V 3 SOCCER SHOOTOUT
WAIVER/RELEASE OF LIABILITY
AND OFFICIAL TEAM ROSTER**



TEAM INFORMATION:

TEAM NAME

AGE DIVISION

TEAM CONTACT PERSON

TEAM CONTACT'S EMAIL

**TEAM CONTACT'S
HOME NUMBER**

**TEAM CONTACT'S
CELLPHONE NUMBER**

ALTERNATE TEAM CONTACT PHONE NUMBER/EMAIL

PLEASE READ BEFORE SIGNING!

In consideration of being allowed to participate in any way in the WFF 3 V 3 Tournament, related events and activities, the undersigned, for himself/herself, his/her personal representatives, heirs, and next of kin:

1. Acknowledges, appreciates, and agrees that the risk of injury from the activities involved in the Event is significant, including the potential for injury, permanent paralysis and death;
2. KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation; and,
3. Willingly agrees to comply with the stated and customary terms and conditions for participation. If however he/she observes any unusual significant hazard during his/her presence or participation, he/she will remove him/herself from participation and bring such to the attention of the nearest official immediately; and,
4. Acknowledges, appreciates, and agrees that he/she has read this form and understand that by signing this form, he/she is giving up legal rights and remedies on behalf of him/herself and his/her family, estate, heirs, and/or assigns; and
5. HEREBY INDENIFIES, RELEASES AND HOLDS HARMLESS THE HAYS SOCCER CLUB, its affiliates, their officers, officials, agents and/ or employees, directors, shareholders, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE; and
6. HAS READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT HE/SHE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT and authorizes on his/her behalf any of the Releasees to obtain any medical care or treatment deemed necessary; and
7. Warrants and represents that he/she (i) is the owner of all rights granted hereunder or has been duly authorized by the owner of such rights to grant same and (ii) is at least eighteen (18) years of age or is the legal parent or guardian of the minor child listed below and is executing this WAIVER / RELEASE OF LIABILITY / REFUND POLICY / BAD WEATHER POLICY on behalf of such minor child. In the event that the

Undersigned is a legal parent or guardian of a minor child who turns the age of 18 during the Event, the acknowledgement and agreement of such child is also required.

REFUND POLICY / BAD WEATHER POLICY

There will be no refunds granted for any reason after the registration deadline. This includes, but is not limited to inclement weather, etc. In case of inclement weather, the Event Director reserves the right to reduce the number of scheduled games and/or the time of games and/or postpone or delay game times and/or cancel the Event. Every effort will be made to complete games and the tournament. Entry fees are non-refundable after registration deadlines.

(Teams may only have 2 KSYSA or USYSA registered players per team.)

1. _____
PLAYER'S NAME **AGE** **DATE OF BIRTH** **SHIRT SIZE**

_____ **PHONE NUMBER** _____ **EMAIL ADDRESS**

_____ **SIGNATURE OF PARENT/GUARDIAN**

2. _____
PLAYER'S NAME **AGE** **DATE OF BIRTH** **SHIRT SIZE**

_____ **PHONE NUMBER** _____ **EMAIL ADDRESS**

_____ **SIGNATURE OF PARENT/GUARDIAN**

3. _____
PLAYER'S NAME **AGE** **DATE OF BIRTH** **SHIRT SIZE**

_____ **PHONE NUMBER** _____ **EMAIL ADDRESS**

_____ **SIGNATURE OF PARENT/GUARDIAN**

4. _____
PLAYER'S NAME **AGE** **DATE OF BIRTH** **SHIRT SIZE**

_____ **PHONE NUMBER** _____ **EMAIL ADDRESS**

_____ **SIGNATURE OF PARENT/GUARDIAN**

5. _____
PLAYER'S NAME AGE DATE OF BIRTH SHIRT SIZE

PHONE NUMBER EMAIL ADDRESS

SIGNATURE OF PARENT/GUARDIAN

TEAM CONTACT/COACH'S VERIFICATION: This is to certify that this roster does not include any assumed names and that each player conforms to eligibility rule governing Wild West Fest 3 v 3 Soccer Shootout.

COACH / TEAM CONTACT PERSON SIGNATURE DATE

PRINT NAME

OFFICE USE ONLY:

RECEIVED BY: _____ DATE: _____

******* ENTRY DEADLINE IS BY: JUNE 25TH, 2010*******

MAIL \$10 per-player entry fee to:

Hays Soccer Club OR
P.O. Box 1394
Hays, Ks. 67601

Email for more information:
dking@fhsu.edu
maskafam@yahoo.com