LIABILITY FORM

2020 Midwest SoctoberFest Tournament

I hereby agree that Fort Wayne Sport Club Youth Board, Midwest SoctoberFest Tournament Committee, Fort Wayne Sport Club Social Club, members, parents and players are collectively released parties and shall not be liable for any injury or loss which I may sustain or suffer while participating in or attending this soccer tournament. I hereby release and agree to indemnify and hold harmless the released parties from any and all claims whatsoever without limitation on such indemnity. I understand that athletic trainers and medical personnel may or may not be present at the tournament site, that should any player require medical attention, such personnel will be summoned by calling Emergency 911.

PLAYER #	PLAYER NAME (PRINT)	DOB	AGE	PLAYER SIGNATURE	DATE

TEAM NAME: _____

Women's 8v8: _____ **Men's Over 40:** _____ **Men's Over 50:** _____ **Men's Over 60 8v8:** _____

TEAM MGR/COACH: _____

TEAM CONTACT: CELL PHONE NUMBER: _____

E-MAIL: _____