Waiver of Liability/Responsibility of Conduct Form

All participating players/coaches/managers must complete this form Complete form, print, then sign. Thank you!

Player Name	Address	Player Signature	Parent/Guardian Signature
	•		
	Name	Address	Signature
Coach:			
Assistant Coach:			
Assistant Coach:			
Manager:			
Trainer:			
Other:			

We, the above signed players and parents, agree to abide by the rules of the Bison Indoor Cup. We also agree to hold harmless the Bison Soccer Booster Club, Station Camp High School, their agents, the Tournament Committee, and all vendors and sponsors involved with the Bison Indoor Cup, for any and all injuries resulting from participating in, travel to and from, or while in attendance. We acknowledge that we have private insurance, and/or coverage through TSSA that will provide necessary medical coverage. Further, the undersigned coach/manager assumes responsibility for the conduct of this team, parents and fans while attending and viewing games, and participating in activities sponsored by the Bison Soccer Booster Club.

Manager/Coach	Team