

MICHIGAN SOCCER CLASSIC - RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT FORM

Team Name/Club _____

Age : U _____ Boys _____ Girls _____

Coaches/Manager Name & Signatures

Date

Cell Phone

Head Coach:

Assistant Coach:

Manager:

Player Name & Uniform Number

Birthdate

Parent/Gardian Name

Parent/Guardian Signature

Date

Cell Phone

RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT -IN CONSIDERATION OF the player named above being permitted to participate in the soccer tournament known as Michigan Soccer Classic, the above player/guardian acknowledges, understands, and agrees to the following: The risk of injury and/or illness from activities involved in soccer is significant, including the potential for permanent paralysis and death; while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury/illness does exist. The risk to have direct or indirect contact with individuals who have been exposed to or diagnosed with a communicable disease, including but not limited to COVID-19 or other medical conditions, diseases, maladies, or variations thereof, does exist and it is impossible to eliminate the risk that this player & parent/guardian could become infected through contact with or close proximity to an individual with a communicable disease. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for this player & parent/guardian participation in the soccer tournament known as Michigan Soccer Classic. I willingly agree to comply with the stated and customary terms and conditions for participation. This player & parent/guardian, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS Pato's Magic Soccer Club, Michigan Soccer Classic, City of Rochester Hills, Oakland Yard & any field locations, their officers, officials, agents, employees, volunteers, other participants, affiliated leagues and clubs, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the events ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, to this player & parent/guardian, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against injuries and illnesses (including communicable diseases). Furthermore, my/our child/ward understands and accepts these risks and responsibilities & we will not attend if we are ill or have a temperature over 100 degrees or had direct contact within the last 14 days with a covid positive person. I understand if I do not follow rules of MI Dept of Health of Health & Human Services & Michigan Soccer Classic (including covid rules), I will be asked to leave and will not receive a refund. Each participant acknowledges that during the course of participating in Pato's Magic Soccer Club/Michigan Soccer Classic, his/her photograph or video may be taken by the Operators or an agent or representative of the Operators. Each participant hereby grants the Operators permission to use an such advertising, posters, flyers, television and any other vehicles that may be distributed or shown to or otherwise seen by large numbers of individuals and potential patron of Pato's Magic Soccer Club/Michigan Soccer Classic & Facilities. Each participant acknowledges they have read & signed the Waiver, Concussion, & Consent and Player Release Forms and understand the covid rules and other policies & rules on www.michigansoccerclassic.com and agrees to follow all MSYSA, MDHHS and Oakland County Department of Health rules and that team officials will carry forms to each game. I as player/parent/guardian give permission for Tournament Staff to seek or perform emergency medical treatment for myself and my child.