

# **3v3 Soccer Tournament Waiver and Release of Liability**

**Event Name:** 3v3 soccer tournament

**Location:** [Insert location]

**Date(s):** [Insert date(s)]

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## **WAIVER AND RELEASE OF LIABILITY**

**READ CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.**

By signing this document, I acknowledge that I am voluntarily participating in the above event, which includes physical activity and potential risks of injury. I acknowledge that the organizers are not responsible for any medical expenses incurred as a result of my participation. I agree to the following:

### **1. ASSUMPTION OF RISK**

I understand that participation in soccer involves physical exertion and contact that can result in serious injury, including but not limited to sprains, fractures, concussions, heat-related illness, or even death. I freely and voluntarily assume all such risks, known and unknown, even if arising from the negligence of the event organizers or others.

### **2. RELEASE AND WAIVER OF LIABILITY**

In consideration for being permitted to participate in this event, I hereby waive, release, and discharge the organizers, volunteers, facility owners, and any affiliated individuals or entities from any and all liability, claims, demands, actions, or causes of action, for personal injury, illness, property damage, or wrongful death arising out of or related to my participation in this event.

### **3. INDEMNIFICATION**

I agree to indemnify and hold harmless the released parties against any claims, damages, costs, or legal fees that may arise as a result of my actions or participation in this event.

### **4. MEDICAL TREATMENT**

I consent to receive first aid and emergency treatment if necessary. I understand that I am responsible for my own medical insurance coverage.

## 5. MEDIA RELEASE (Optional)

I grant permission for photos or videos taken during the event to be used for promotional purposes.

☐ Check this box if you do **not** consent.

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## PARTICIPANT INFORMATION

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## FOR PARTICIPANTS UNDER 18 YEARS OLD

I am the parent or legal guardian of the above-named participant. I have read and understood this waiver and agree to its terms on behalf of the minor.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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