



Waiver | Release Form

{All participating players must sign this document before the game}

Waiver / Release Form (Adult / Minor)

Full Name: _____

Date of Birth: _____

Gender: Male or Female {Circle One}

Team Name: _____

Emergency Contact's Name & Phone Number: _____

{Please Read carefully; and then Sign below} {Adult - person who is 18 years of age and above; Minor - under 18 years of age}

I, in consideration of my (my child or ward's) participation in the above sporting activities sponsored by Community Cup USA and all other supporting groups, I agree to assume the full risks incidental to such sporting activities, which risks may include, among other things, body injuries and broken bones and; wherefore, on my own, my child or ward's behalf; and on behalf of my, my child or ward's heirs, executors and administrators, I hereby waive, release and forever discharge the parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or in any way connected with my, my child or ward's participation in such sporting activities; and I further agree to indemnify and hold each of the released parties mentioned below harmless against any and all such liabilities, damages or expenses including, but limited to all attorney's fees and disbursements. For the above event or in the event that I, my child or ward chooses to participate in any other activity organize or sponsor by Community Cup USA and its affiliates. For the purpose of this waiver / release document, the released parties include, but limited to Community Cup USA, its affiliates, other sponsoring and participating groups, venue owners, individuals, local and state governments, event hosts, volunteers, employees and officers. Furthermore, I understand that this waiver / release document includes any claims based on the negligence, actions or inactions of any of the above mentioned released parties and covers all bodily injuries including death and property damage, whether suffered by me, my child or ward, before, during or after such participation. Thus, I hereby declare that I am, my child or ward is, physically fit and have the required skill level to participate in the aforementioned event. Additionally, I authorize medical treatment for myself, my child or ward, at my cost, if the need arises. I also understand that I, my child or ward may be required to leave the event venue or facilities, should I, my child or ward exhibit undesirable acts and conducts. Also, I grant the released parties the right to photograph and/or videotape me, my child or ward's name, face, likeness, voice, images and appearance for display, advertising, promotion, otherwise exploit and use forever in the united states of America and throughout the world, in all media, now known and hereafter devise, throughout the universe in permanence without limitation, in online webcasts, television, films, newspapers, magazines and in all forms without limitations, of publications of event results and standings; and for any other purposes whatsoever, without compensation, reservation or limitation. However, the released parties are under no obligations to exercise the rights herein granted. This agreement is to be construed in accordance with and governed, to the exclusion of any other law of any forum, by the laws of the State of Maryland, without regard to the jurisdiction in which any action or special proceeding may be instituted.

I certify that I am 18 years of age or older; and I have read and understand the substance and contents of this document; and at my own volition without duress, affix my name and signature herein.

Adult Signature Required {Participant, Parent or Guardian}

Print Name of Participant

Date