Liability Waiver for Minors participating in Youth Tournaments

MINOR'S INFORMATION

First and Last Names: _____ DOB (dd/mm/yyyy): _____

GUARDIAN'S INFORMATION

First and Last Names: _____ Relation: _____

Cell Phone _____ Email Address _____

I agree to abide by the rules and regulations set by Referee Abroad SSD. I understand that violations of the rules and regulations, or misrepresentation of information on this form, may result in restriction, revocation, reduction or loss of program privileges without refund.

Waiver and Release:

I hereby waive and release Referee Abroad SSD, its officers, agents and employees, from and against any claims, suits, losses, or related causes of action for damages, including attorney's fees and court costs, that may result from injury or death, accidental or otherwise, during, or arising from my child's participation in a recreation program, including transportation to and from activities associated with the program, and any resulting illness and/or injury, and I agree to indemnify and hold harmless Referee Abroad SSD. from and against any and all such claims. I recognize that the recreational events or activities being entered into by my child can be dangerous to my child and I accept those dangers. I understand that if my child is injured, this waiver will be used against me and anyone else claiming damage in any legal action because of my child's injury. I hereby acknowledge that I understand and am familiar with the nature of the activities in which my child will participate at this facility, and affirm that my child is in good health and that my child does not have a physical or emotional condition, past or present, of which I am aware, which would in any way affect my child's ability to participate in recreation programs. I also understand that I should have health and accident insurance to cover injuries arising from participation in recreation programs. In case of emergency, I give my permission for emergency medical treatment of my child and for transportation to such treatment. I grant permission that photographs/videos may be taken during various programs and be used for future Referee Abroad SSD. promotional material.

I enclose a copy of my and my child's form of identification (ID/Passport).

I, the undersigned, have read, understand, affirm, and agree to the above statements.

Guardian Signature: _____ Date (dd/mm/yyyy): _____