

Bowling Green Soccer Challenge Youth Team Waiver

TEAM NAME: _____

AGE GROUP: _____

TEAM CONTACT: _____

COACH: _____

	Players		Legal Guardian		Date	PARENT'S SIGNATURE
	First Name	Last Name	First Name	Last Name		
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Waiver Form

REPRESENTATIONS, ACKNOWLEDGEMENTS, AND AGREEMENTS:

1. I hereby represent and certify that the age of the registrant listed is correct and acknowledge and agree that the registrant is physically fit to engage in both structured and unstructured activities at the Bowling Green Soccer Challenge.
2. I acknowledge the inherent risk of serious injury or even death associated with soccer activities and I hereby release, discharge, and agree to indemnify and hold harmless Bowling Green State University its Board of Trustees, Officers, Employees & Agents, Valentis Athletica LLC, Net Results LLC, its owners, managers, affiliates, and employees and from any and all claims by or on behalf of the registrant arising from the registrant's participation in activities at the Bowling Green Soccer Challenge.
3. I have received and viewed the "Return to Play - What Parents-Guardians Need to Know " concussion information sheet.
4. I hereby represent and certify that the registrant has adequate health insurance to cover any and all injuries occurring as a result of participation in soccer activities at the Bowling Green Soccer Challenge and as participant, I hereby consent to any and all emergency medical care for participant and agree to pay for same.

I certify that the above information is correct

Coach or Team Contact _____ ***Date:*** _____