



# 3v3 CLASH of GIANTS

*REQUIRED for EVERY PARTICIPANT*

## MEDICAL WAIVER & LIABILITY RELEASE

By accepting below I authorize that the above soccer player has been granted permission to attend and participate in and with the 3v3 Clash of the Giants Tournament. In exchange for the opportunity to participate in this event, I waive legal claim against those associated with this event, including all club officials and directors, of the City of Sand Springs Parks, WSA Soccer Staff, and all entities associated in assisting in hosting this 3v3 event, in the event the player (child) is injured while participating in the 3v3 event.

I understand that the associations listed above do NOT PROVIDE INSURANCE and that no insurance is provided of any kind on the player's behalf.

I hereby authorize the staff of the 3v3 Event and WSA Soccer to act for me according to their best judgment in any emergency requiring medical attention. I have no knowledge of any physical impairment that would be affected by the player's participation in the soccer 3v3 event.

I also understand the association retains the right to use for publicity and advertising, photographs of players taken while attending and participating in the event. Furthermore I waive and release and hold harmless and indemnify all coaches, staff, counselors, employees, volunteers, and contractors for any loss incurred by attending this 3v3 event.

\_\_\_\_\_  
PARTICIPANT'S NAME (Print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN NAME (PRINT)

\_\_\_\_\_  
PARENT/GUARDIAN NAME SIGNATURE

\_\_\_\_\_  
DATE