

# OHIO TRAVEL CUP TOURNAMENT LIABILITY WAIVER

Team Name: \_\_\_\_\_ Age Division: \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the OHIO TRAVEL CUP Soccer Tournament, USYSA, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for accepting the registrant in the tournament. I hereby release, discharge, and/or otherwise indemnify the tournament organization, the USYSA, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used in the tournament, against any claim by or on behalf of the registrant as a result of the registrant's participation in the tournament and/or being transported to or from the same.

	Players Name (PRINT)	Players Date of Birth	Parent Signature	Date	Guest Player (X)
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____

Coach's Signature: \_\_\_\_\_

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