



# ISLAND CUP TOURNAMENT

## LIABILITY RELEASE FORM

Team Name: \_\_\_\_\_

Division: \_\_\_\_\_

Boys / Girls

In consideration of the furtherance of your purposes, objectives and aims, and in consideration of your permitting me/child to participate in your tournament, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and hold harmless claims for damages which I may have against you, Island Cup Tournament Chaos Soccer, as well as any other person, sponsors, organizations or corporation, their heirs, executors, administrators and assigns who are providing services or assistance as a result thereof including Grosse Ile Township, Grosse Ile Soccer Association, Christ the King Southgate, from any and all liability, claims for damages, accident, injury, disability, death or property damage that may occur from my child's/my participation in this tournament. I also consent to any necessary immediate medical treatment and by signing below, I state that I am the child's parent or legal guardian or 18 or older. I am aware of concussion protocol and the signs and symptoms. The risk to have direct or indirect contact with individuals who have been exposed to or diagnosed with a communicable disease, including but not limited to COVID-19 or other medical conditions, diseases, maladies, or variations thereof, does exist and it is impossible to eliminate the risk that my child could become infected through contact with or close proximity to an individual with a communicable disease. I knowingly and freely assume all such risks, both known and unknown, and assume full participation in my child's participation in youth soccer.

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