

*2019 Clarksville Soccer Club Winter Turf Classic Series  
February 8-10 and February 22-24, 2019*

***Form must be completed prior to participation***

Name of Participant (print full legal name) \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender (circle one) Male Female

Parent/Guardian : \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

The release must be signed by a parent or guardian if participant is under 18 years old. Participants who are 18 years old or will become 18 years old before the end of the tournament/event must also sign.

***Release of Liability***

In consideration of the Clarksville Soccer Club tournament series held at Hopkinsville Sportsplex, Hopkinsville Kentucky, I grant the participant permission to participate in the CSC Winter Turf Classic Tournament Series, I hereby assume all risks of his or her personal injury (including death) that may result from any Clarksville Soccer Club activity. As guardian I do hereby release Clarksville Soccer Club, their director, officers, employees, agents, all instructors, and all participants in said CSC Winter Turf Classic Tournament Series from all liability, including claims and suits at law or in equity, for injury, fatal, or otherwise which may result from the participant taking part in Clarksville Soccer Club Winter Turf Classic Series.

I have read and acknowledge the Release and Medical Authorization & Release of Liability indicated on this document.

Printed Name of Participant: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date

Signed \_\_\_\_\_:

*Clarksville Soccer Club Winter Turf Classic Series Liability Waiver*