



## RISK MANAGEMENT CERTIFICATION

Print Clearly

The Tournament \_\_\_\_\_

Tournament Dates \_\_\_\_\_ Location \_\_\_\_\_

Club Name & The Team Name \_\_\_\_\_

Team Age-U \_\_\_\_\_ Team Gender \_\_\_\_\_

The Team's Member Organization \_\_\_\_\_

*(US Soccer Affiliates: US Youth Soccer - State Association Name, US Club, AYSO, or Foreign Soccer Federation)*

I understand that all references in this Certification are to The Team and The Tournament listed above and I certify that prior to the start of The Tournament The Team is in compliance with the following terms.

- All adults associated with The Team who have regular contact with or authority over or access to the data of an amateur athlete who is a minor have completed and passed within the past year a background search that complies with US Soccer and Illinois Youth Soccer search requirements and the National Council of Youth Sports criteria.
- All adults associated with The Team who have regular contact with or authority over or access to the data of an amateur athlete who is a minor have successfully completed the annual US Center for SafeSport Training.
- All persons working and/or volunteering with The Team have the Centers for Disease Control Heads Up Concussion in Youth Sports Completion Certificate.
- The Team is currently registered and in good standing with and has insurance coverage and permission to participate in The Tournament from The Team's Member Organization.
- All of The Team coaches and players have a valid pass from The Team's Member Organization.
- All Guest Players have a valid player pass issued by their Member Organization and written permission to participate with The Team in The Tournament from their registered team coach and the Guest Player's Member Organization which is identical to that of The Team.

*As the official representative of The Team, I understand, agree and certify that The Team, its coaches, managers, administrators, volunteers and representatives are in compliance with the Illinois Youth Soccer (IYSA) Risk Management requirements set forth in this Agreement and certify that the information provided by me is true and correct. I acknowledge and understand that non-IYSA Teams, Guest Players, coaches are not covered by IYSA insurance for injuries and claims arising of The Team's participation in The Tournament and further certify that I have insurance coverage for all of The Team's members from the US Soccer Member Organization or Foreign Soccer Federation. I further understand that the IYSA and/or its members are not liable for transportation, lodging, or injury to persons or property sustained in the course of this approved event. On behalf of The Team I also agree to defend, indemnify and hold harmless the IYSA, its officers, directors, coaches, managers, employees, agents, associated personnel, affiliated organizations, and sponsors from and against any and all liabilities, losses, fines, penalties, costs, expenses and reasonable attorney's fees that arise out of any and all allegations asserted in any third party claim, demand, suit, or cause of action or proceeding arising out of any of the following, whether actual or alleged: (a) any bodily injury, including death, to persons or damage or loss of property which result in whole or in part from any act or omission of the IYSA and the Tournament Host relating to the IYSA and the Tournament Host carrying out its obligations under this Agreement; and (b) any breach of this Agreement. 8/1/19*

Signature of Team Representative \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Team Representative \_\_\_\_\_ Title \_\_\_\_\_