



Express Beach Soccer Fest

Sponsored by CC Parks & Recreation

Waiver of Liability and Medical Release

A Waiver Must Be Completed AND Properly Signed For Each Player On The Roster And Handed In Prior to -or- At Registration Before Playing In The Tournament.

Player Name: _____

Team Name: _____

Age Group: _____ **Division:** _____ **DOB:** _____

Waiver of Liability:

I am aware that during my participation and attendance in the Express Beach Soccer Fest Tournament and related activities, the Express Soccer Club and its sponsors will be providing various facilities and arrangements, and that certain risks and dangers may occur, including, but not limited to, hazards inherent in the sport in which I will be training, preparing and competing; negligence or other careless acts and omissions by the Express Soccer Club, other participants, spectators and the sponsors; and hazardous or dangerous conditions of the facilities and grounds owned by the City of Corpus Christi. This includes, but is not limited to, the bay waters as there will be no lifeguard on duty during the tournament hours. The Express Soccer Club and its sponsors will not be responsible for any injuries incurred if a player should choose to enter the bay waters.

In consideration of the acceptance of my entry, and the right to participate, I do hereby assume all of the above risks, waive and release any and all claims or causes of action of any kind and nature which I may now or hereafter have against the Express Soccer Club and/ or their sponsors. The terms hereof shall serve as a release, waiver and assumption of risk for my heirs, executors and administrators, and for all members of my family, including any minors accompanying me.

Players must be at least 17 years of age to be rostered on an Adult Co-Ed Team.

No medical insurance coverage provided for Adult Co-Ed players.

Consent of Medical Treatment:

Additionally, in consideration and acceptance of my entry by the Express Soccer Club and the right to participate in related activities, I consent to receive any and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the tournament organizers.

Parent/Guardian of Participant - required if playing U18 or younger

I consent and agree to the above on my child's behalf, to release, waive and assume all risks of any claims or causes of action which my child or I may now or hereafter have against each of the organizations and individuals listed above, and I consent to allow my child to receive emergency medical treatment as deemed necessary and appropriate. All injuries must be reported to the First Aid Tent to be eligible to file an Insurance Claim for Youth Players.

Player's Signature: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Contact Number: _____ **Alternate Number:** _____

I further verify and affirm that myself and/or my child are in good health and eligible to play based on the CDC's COVID-19 Safety Protocols currently in place for State of Texas.