The Total Soccer College Showcase Waiver Form

We, the undersigned adult players, parents, or legal guardians, of persons listed below, do hereby consent and agree that the below named persons may participate in the Total Soccer College Showcase at Cleveland State University and Krenzler Field. We understand that injuries from soccer are not uncommon and we acknowledge voluntary participation in the Tournament and assume full responsibility for any and all risks of injury, death or property damage. It is agreed and understood that the Total Soccer College Showcase at Cleveland State University and Krenzler Field, affiliate organizations, members and representatives (collectively referred to as "Releasees") assumes no legal liability for injuries or loss as a result of such participation whether caused by the negligence of Releasees. In consideration for participation in the Tournament, we understand and agree to this release of liability, waiver of legal rights and assumption of risk and any terms states. The undersigned agrees to indemnify, defend, and hold harmless the Releasees and its' affiliate organizations, members and representatives from any claim or injury arising from my participation of that of my children on the Total Soccer College Showcase, premises or at Cleveland State University and Krenzler Field activities. The undersigned agrees that this release, waiver, and indemnity agreement (Agreement) is intended to be as broad and inclusive as permitted by the law of the State of Ohio and that if any portion of the Agreement is held invalid, it is agreed that balance will, not withstanding, continue in full legal force and effect. The undersigned further states that he/she has carefully read the Agreement and understands the contents and signs the Agreement as his/her own free act. This release and waiver is also to be used by the Total Soccer College Showcase as a roster for teams. No person is permitted to participate in any activity unless they have satisfactorily completed this release and waiver. For coaches: I understand it is my responsibility to have each player and/or parent or guardian (if player is under 18) read this release and waiver form and sign before participating in the Total Soccer College Showcase and affiliate organizations, members and representatives.

Team Name:	**Team Colors:**	**Alternate Colors:**

Last Name	First Name	DOB	Player's Signature or Parent's Signature Required if Under 18	Date	Phone	Street Address	Zip Code	Check Here If Parent Authorizes Emergency Medical Treatment

MY SIGNATURE BELOW CERTIFIES THAT ALL INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Coach's Name: _____ Coach's Signature: _____ Date: _____ Phone: _____