

NORTH AMERICAN SAND SOCCER CHAMPIONSHIPS

2022 Release and Waiver of Liability

Required for all Team Managers and Coaches, and for players who did not complete the online Release and Waiver of Liability for this team prior to June 6, 2021.

Form must be completed in its entirety and properly signed before participation.

Please print legibly.

(Players rostered on more than one team must complete a separate waiver for each team.)

TEAM NAME: _____ **DIVISION Number:** _____
e.g. ####.# Girls U14 Elite 1

Indicate participant's role on team (check all that apply):

Player Team Manager Coach Asst. Coach

Print participant LEGAL name:

FIRST	MI	LAST

Participant (parent if under 18) Email address: _____

Participant Birthdate: _____

Emergency Contact: _____

Emergency Contact Phone: (_____) _____

TEAM NAME: _____ **DIVISION:** _____
e.g. Girls U14 Elite 1

MEDICAL RELEASE and WAIVER OF LIABILITY

I am aware that during my participation and attendance in the North American Sand Soccer Championships and related activities, the Hampton Roads Soccer Council and its affiliates (Beach FC, Virginia Rush Soccer Club, the Southeastern Va Women's Soccer Association, Over Thirty Soccer League), hereby referred to as "HRSC/NASSC", will be providing various facilities and arrangements, and that certain risks and dangers will or 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 other participants or spectators; and hazardous or dangerous conditions of facilities and grounds; all of which may expose me to risk or injury or death.

In consideration of the acceptance of my entry, and the right to participate, I do hereby assume all of the above risks, and 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 tournament organizers and/or their

sponsors. The terms hereof shall serve as a release, waiver and assumption of risk for me and for my heirs, executors and administrators, and for all members of my family, including any minors accompanying me.

CONSENT TO TREATMENT

Additionally, in consideration and acceptance of my entry by the tournament organizers 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.

MEDIA CONSENT & RELEASE

In consideration of the acceptance of my entry in the tournament and the right to participate in related activities, I grant HRSC/NASSC the perpetual, irrevocable right to film, tape, photograph, and/or otherwise record (collectively "Recording"), my name, likeness, and activities in connection with the tournament ("My Tournament Activities"), and to use, broadcast, publish, reproduce, and/or print any such Recording of My Tournament Activities, and I hereby assign to HRSC/NASSC all rights (including copyrights) in My Tournament Activities and in any such Recording of My Tournament Activities. I further acknowledge that participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of the photographs or participation in HRSC/NASSC marketing materials or other publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release HRSC/NASSC, its contractors, the employees and any third parties involved in the creation or publication of HRSC/NASSC publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor listed.

FOR PARTICIPANT UNDER 18 YEARS OF AGE

I consent to the above and agree on my child's behalf, to release, waive and assume the 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. Further I attest that I am the parent or legal guardian of the child listed below and that I have full authority to consent to all of the above on behalf of the child.

Parent/Guardian Signature:	DATE:
Parent/Guardian PRINT NAME:	

FOR PARTICIPANT 18 YEARS OF AGE OR OLDER

Participant Signature:	DATE:
Participant PRINT NAME:	