



### **Release/Waiver/Indemnity Agreement**

I affirm that all players participating from my team are fully covered by medical insurance and both they and their parents/guardians understand the risks inherent in participation, up to and including serious bodily injury and death.

I affirm that all parents/guardians of players have signed and understood waivers assuming all risks, injury or illness, for their child(ren)'s participation with my team and authorizing the team's officials, staff, agents, and operators to take necessary actions and use their best judgment when caring for their child(ren) in the event of a medical emergency.

I affirm that my team's players and the player's parents/guardians are aware and understand that participation in The City Showcase Tournament implies consent to allow South Bronx United to use and to license others to use player's name, recorded voice, image, picture or likeness in any live or recorded audio, video or photographic display or other transmission for purposes of promotion and publicity in connection with South Bronx United events or programs.

If our team is part of an out of state soccer association, I affirm that we have received permission to travel from the appropriate governing body/association.

I understand that the registration fee is non-refundable. South Bronx United will not charge the team unless it is accepted into the tournament. However, if the team is accepted and backs out, the fee will not be refunded.

By signing this form, I acknowledge that I understand and promise to abide by all the rules and regulations of the City Showcase Tournament and that I am aware of the potential risks of participation in any activities or use of facilities associated with the City Showcase Tournament, and in no way hold South Bronx United, its partners, subsidiaries or affiliates, or their respective management, agents, employees, directors, officers, agents, volunteers or the facility or its operators, coaches, officials, or advertisers liable for any injury sustained by my team's players, coaches, staff, volunteers, and/or parents.

\_\_\_\_\_  
Name – Authorized Representative

\_\_\_\_\_  
Title (Coach, Manager, etc)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date