

NFLB 5v5/3v3 Waiver/Liability

This must be completed and turned in at check-in for each participating player

Player's Full Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

*The above soccer player has been granted permission to attend and participate in and with teams playing in the **NFLBF 5v5 Tournament**. In exchange for the privilege of the player participating in these activities, I waive all legal claim against those associated with this Soccer Tournament in the event the player is injured while participating in these soccer activities, and travel to and from the same.*

*I hereby authorize the staff of the 2013 NFLBF 5v5 Tournament and ORU Training Staff, to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Oral Roberts University, Soccer Synergy, No Footballer Left Behind, West Side Alliance S.C., associated member clubs, and their entire staff and officials from any and all liability for any injury or illness incurred while attending and participating in the 2013 NFLBF Tournament. I have no knowledge of any physical impairment that would be affected by my child's participation in the 5v5/3v3 Tournament as outlined. Furthermore, Parent agrees and understands that **NO INSURANCE OF ANY KIND** is provided by Oral Roberts University, Soccer Synergy, No Footballer Left Behind Foundation, or West Side Alliance Soccer Club.*

I also understand the Tournament retains the right to use for publicity and advertising, photographs and videos of campers taken while attending the tournament.

Furthermore I validate that the birthdate provided is accurate and reflective of official birth records for said player.

Signature of Parent/Guardian

Signature of Parent/Guardian

Father Phone: _____

Mother Phone: _____

In an Emergency when parents cannot be reached contact:

Name: _____ Phone: _____