



SANDI CLIFFS

SANDI CLIFFS SPORTS EVENTS

Release of liability and medical release

Name: _____

Birthdate: _____

Age: _____

Parent name: _____

Parent cell phone: _____

Parent email: _____

Waiver of Liability for Any and All Sand Cliffs Sports Events

I/We hereby agree: To abide by all rules of Sandi Cliffs and it's affiliated organizations and sponsors. I recognize and am aware that during my attendance and participation at Interfc Sports and its related activities, Sandi Cliffs, its owners, sponsors and exhibitors 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, participating and/or competing; negligence or other careless acts and omissions by the Sandi Cliffs, other participants, spectators and the sponsors; and hazardous or dangerous conditions of facilities and grounds. Recognizing the possibility of physical injury associated with soccer and in consideration for Sandi Cliffs accepting the registrant for its soccer tournament, I hereby release, discharge and/or otherwise indemnify Sandi Cliffs, its affiliated organizations and sponsors, their employees and associated personnel, volunteers, contractors, owners, including the owners of fields and facilities utilized for the Sandi Cliffs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Sandi Cliffs and/or being transported to or from the same, which transportation I hereby authorize. The terms hereof shall in addition 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.

Consent to Medical Treatment

Additionally, in consideration and acceptance of my or my child's entry by Interfc Sports and the right to participate in related activities, I consent for myself, my child and my family to receive any and all emergency medical treatment as may be deemed necessary or appropriate under the existing circumstances as then determined by the tournament organizers or medical professionals.

Tournament Photography, Video and Sound

I hereby give my consent to Sandi Cliffs to take photographs, video recordings, and/or sound recordings of myself, my child and my family in documenting the activities of any Sandi Cliffs event and also give permission to use the negatives, prints, motion pictures, video/audio recordings, or any other reproduction of the same for educational and promotional purposes in manuals, on flyers, on the world wide web, or in other publications

I/WE HAVE READ THIS RELEASE OF LIABILITY AND FULLY UNDERSTAND ALL ITS TERMS AND CONDITIONS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I/WE SIGN IT FREELY AND VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

**PARENT OR GUARDIAN NAME IF
participant is under 18 please type or
print**

**SIGNATURE
Parent or Guardian must sign if participant is under**

**DATE
Please type or print**