

CAPE EXPRESS
BeachBlast

Waiver of Liability and Medical Release

One of these must be completed and properly signed for each player on the roster. Each waiver must be ACTUALLY SIGNED by each player or guardian if U-18 or younger.

Player Name _____

Team _____

Waiver of Liability

I am aware that during my participation and attendance in the Cape Express Beach Blast Tournament and related activities, the Cape Express Soccer Club and its sponsors 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, preparing and competing; negligence or other careless acts and omissions by the Cape Express Soccer Club, other participants, spectators and the sponsors; and hazardous or dangerous conditions of facilities and grounds.

In consideration of the acceptance of my entry, and the right to participate, I do hereby assume all of the above risks, 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 Cape Express Soccer Club and/or their sponsors. The terms hereof shall 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 entry by the Cape Express Soccer Club 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.

Parent/Guardian of Participant - required if playing U-18 or younger

I consent and agree to the above 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.

Player _____ Date _____

Parent/Guardian _____ Date _____