

Tournament Name:_____ Tournament Date:_____

3v3 Team Name:_____ (circle one) **Gold / Silver** Age Division/Gender _____

Coaches Name:_____ Coaches Phone Number:_____ Email_____

This Personal Injury Waiver (the "Waiver") is made by the undersigned for the purpose of utilizing the facilities and premises managed by ELITE FEET 3v3. There are risks connected with my participation in this tournament and its related activities (risks may include but not limited to muscle injuries, heat and stress-related issues, cuts, lacerations, and broken bones). This waiver includes not only players but also all family members, friends and anyone else who may be attending the event.

I release and discharge ELITE FEET 3v3, and event sponsors, event charities (collectively known as event organizers), and the workers, employees, and directors from all action, suits, and demands whatsoever in law or in equity, including but not limited to, the risk of personal injury from playing in the tournament and the risk of loss of personal property by theft or otherwise.

Further, I hereby grant full permission for event organizers to record any or all of my participation in this event for photos, motion pictures, TV, radio, recordings, and other media known or unknown, and to use them, in any matter including publicity, promotions advertising trade or commercial purposes, without any reimbursement of any kind due to me. This waiver will be available at every team check-in and will need to be signed before you are able to play. The waiver also serves as the official roster and freezes at check-in. No changes in the team's roster can be made after your first game is played.

Code of Conduct with my signature I/others associated with this team agree to conduct ourselves in a respectful/sporting manner, which includes accepting all decisions of the officials and tournament directors. All tournament officials' decisions are final. Any and all conduct deemed unsporting, I agree that I/team could receive penalties including but not limited to forfeiture or dismissal from this event and possible future events.

PLEASE READ CAREFULLY BEFORE SIGNING! BY SIGNING THIS DOCUMENT, YOU MAY GIVE UP IMPORTANT LEGAL RIGHTS.

In the event that the Undersigned is a legal parent or guardian of a minor child who turns the age of 18 during the Event, the acknowledgement and agreement of such child is also required. PRINT THE NAME OF THE MINOR CHILD FOR WHOM YOU ARE SIGNING THIS WAIVER AND RELEASE

REFUND POLICY / BAD WEATHER POLICY There will be no refunds granted unless there are not enough teams to complete your age division. This includes, but is not limited to 1) Your team's inability to participate due to player injury, personal schedule or game scheduling conflicts, team drama, or other reason; 2) inclement weather, etc. In case of inclement weather, the Event Director reserves the right to reduce the number of scheduled games and/or the time of games and/or postpone or delay game times and/or cancel the Event. Every effort will be made to complete games.

**Players may sign if they are 18 years or older

Players Full Name	Date of Birth	Email Address	Cell Phone #	Players/Parents/Guardians Full Name (Please Print)	Signature of Player/Parent/Guardian**
	/ /				I have read and I understand
	/ /				I have read and I understand
	/ /				I have read and I understand
	/ /				I have read and I understand
	/ /				I have read and I understand

TEAM CONTACT/COACH'S VERIFICATION: This is to certify that this roster does not include any assumed names, and that each player conforms to eligibility rule governing

COACH / TEAM CONTACT PERSON SIGNATURE_____
DATE_____
PRINT NAME