



RELEASE OF LIABILITY AND DISCLAIMER

(Please read carefully before signing)

I, _____, hereby consent and agree to release, indemnify and hold harmless The Beach Soccer Championships and all its personnel, including officials, staff, board members and representatives, the City of Oceanside, Frank Zimmerman, LIFethruSOCCER, any other sponsors or organizers, coaches, trainers, officers, agents and/or employees of the organizations previously listed, the event participants and advertisers ("Releasees"), with respect TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I understand the risk of injury involved in this activity is significant, including the potential for permanent paralysis and even death, and **KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, even if arising from the negligence of others. I agree to comply with the rules and conditions for participation. I agree to remove myself from participation if I observe any unusual or significant hazard.

I also grant The Beach Soccer Championships, LIFethruSOCCER, The City of Oceanside, and other event organizers and its participants the right to photograph my participation in this beach soccer event and use the photographs in future brochures, advertising, newspaper reporting, and social media posts.

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

Participant's Name (print) _____ Date _____

X Participant's Signature _____

EMERGENCY AUTHORIZATION

I do hereby authorize the coaches, staff, board members, organizers or others acting in a capacity of activity supervisors, as agents on my behalf, consent to medical, surgical or dental examination or treatment in the case of emergency. I hereby authorize treatment and/or care of me in ANY hospital and/or by ANY medical physician(s). If there is an emergency, please contact the person named below:

Name _____ Phone Number _____

Family Doctor _____ Phone Number _____

X Participant's Signature _____

