

TAMPA ELITE FUTSAL LLC

TOURNAMENT PLAYER LIABILITY WAIVER & RELEASE FORM

Tournament Name: _____

Date(s) of Tournament: _____

Location: _____

Player Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

ASSUMPTION OF RISK

I understand that participation in futsal involves physical activity that may result in injury, including but not limited to sprains, fractures, concussions, dehydration, or other serious injuries. I voluntarily choose to participate and fully accept all risks associated with playing in the tournament.

RELEASE OF LIABILITY

I hereby release, waive, and discharge the tournament organizers, sponsors, venue owners, staff, referees, volunteers, and any affiliated parties from any and all claims, demands, actions, or causes of action arising from injury, illness, damage, or loss that may occur as a result of my participation in the futsal tournament.

This release applies to any claims whether caused by negligence or otherwise, to the fullest extent permitted by law.

MEDICAL AUTHORIZATION

In the event of an emergency, I authorize tournament officials to seek medical treatment on my behalf if I am unable to do so. I understand that I am responsible for any medical expenses incurred.

PHOTO & VIDEO RELEASE (OPTIONAL)

I grant permission for photos or videos taken during the tournament to be used for promotional purposes without compensation.

☐ Yes ☐ No

AGREEMENT

I have read this waiver carefully and fully understand its contents. I sign it voluntarily and acknowledge that it is legally binding.

Player Signature: _____

Date: _____

(For players under 18 years of age)

I am the parent or legal guardian of the participant named above. I consent to their participation and agree to the terms of this waiver on their behalf.

Parent/Guardian Name: _____

Signature: _____

Date: _____