

**FUTSAL MAGIC – JANUARY 29-31, 2021
MEDICAL/DENTAL RELEASE FORM**

As a RELEASE AND INDEMNITY: In consideration of the acceptance of my child or ward to participate in the Event, I agree, on behalf of my child or ward, to assume the risks incidental to such participation (risks may include, among others, muscle injuries and broken bones), and on behalf of myself, my child or ward, and my and my child's or ward's heirs, executors and administrators, hereby waive, release, covenant not to sue, and forever discharge the Releasees defined below of and from all liabilities, claims, actions and causes of action, damages, costs and/or expenses of any nature including, but not limited to, attorney's fees and costs arising out of or in any way connected with the participation of my child or ward in such activity. I further agree to indemnify and hold each of the Releasees harmless against any and all such liabilities, claims, actions and causes of action, damages, costs or expenses, including, but not limited to, attorney's fees and costs. I understand that this waiver and release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the below Releasees and covers bodily injury (including death) and property damage, whether suffered by my child or ward before, during or after such participation. The Releasees are: Challenger Sports, British Soccer, TetraBrazil, SoccerPlus, and officers, directors, employees, agents, volunteers, independent contractors, representatives, affiliates, successors and assigns of each of the foregoing.

PHYSICAL CONDITION/MEDICAL AUTHORIZATION: I hereby certify that my child or ward is physically fit for participation in the Event and has the skill level required in conjunction with the Event, and I have not been advised otherwise. I further authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on my child's or ward's behalf, at my cost; however, I acknowledge that Releasees shall have no duty, obligation, or liability arising out of the provision of, or failure to provide, medical treatment. In consideration of being allowed to participate in the tournament, the undersigned acknowledges, appreciates, and agrees to the following. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation.

Name of minor _____ Date of Birth _____

Relationship _____ Date of last Tetanus Booster _____

This Agreement shall be binding upon me, my child or ward, and my and my child's or ward's heirs, executors and administrators, and assigns. I certify I am 18 years of age or older and that I am entering into this Agreement as the Parent or Legal Guardian for a minor that is under 18 years of age.

Signed: _____ Print Name: _____ Date: _____
(father/mother/legal guardian)

Address _____

City _____ State _____ Zip _____

Phone (h) _____ (w) _____ (cell) _____

Family Physician _____ Phone _____

Insurance Carrier _____ Policy Number _____

Emergency contact (if parent/guardian is unreachable):

Name _____ Relationship _____

Phone (h) _____ (w) _____ (cell) _____