

FLORIDA SOCCER ALLIANCE TOURNAMENT SERIES

PLAYER LIABILITY RELEASE FORM ***THIS FORM IS REQUIRED AT CHECK IN***

TEAM NAME: _____

AGE GROUP: U- _____ BOYS / GIRLS (Circle/One)

The undersigned, as parents and guardians of these minor children, release and discharge the designated officials of the 2010 32nd Annual Seminole Memorial Tournament and Florida Soccer Alliance from any and all liability, claims, or demands arising from players participating in the 2010 32nd Annual Memorial Tournament. This includes all and any claims for the personal injuries sustained while present or participating in the 2010 32nd Annual Seminole Memorial Tournament.

PLAYER	PARENT/GUARDIAN SIGNATURE	DATE
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____