



# WINTER FUTSAL CLASSIC 2024

## WAIVER AND RELEASE OF LIABILITY

This form must be completed for each futsal/soccer player (participant) and, if the player is under 18-years old, must be signed by the player's parent or legal guardian. No player will be allowed to participate in **Winter Futsal Classic Tournament/d.b.a. New England Futsal Enterprises, LLC** games without this form, properly executed, and on file.

PARTICIPANT'S NAME (type or print): \_\_\_\_\_ PARTICIPANT'S

DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_ I, the undersigned, in consideration for my voluntary participation in organized Futsal, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that: My player status will be kept in good standing. I will not compromise myself in such a way as to do harm to the league or tournament, knowing that players may be dismissed from participation, with possible loss of payment or dues, for violent conduct or unsportsmanlike behavior on or off the field of play. I agree to pay for any and all damages to any property or indemnities caused by me willfully, negligently, or otherwise. Futsal is a physical, contact, sport that involves the risk of injury. I assume all risks and hazards associated with my participation in the sport. I am in proper physical condition to participate in Futsal practices and games and have no illness, disease or existing injury or physical defect that would be aggravated by my participation. I will inform my coach if this status changes. I further acknowledge that this risk may involve loss or damage to me or my property, including the risk of death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I have a current medical consent form in force. I will wear shinguards, properly-fitted and appropriate shoes, and other protective equipment (e.g., mouth-pieces), as provided by Futsal rules, to all events. I have the right and responsibility to inspect the equipment and facilities prior to events and, if I believe that anything may be unsafe, I will advise the coach or supervisor of the condition and may refuse to participate. Participation assumes consent. I authorize my photograph, picture or likeness, and voice to appear in any documentary, promotion (including advertising), television, video, or radio coverage of the league or tournament, without compensation. I authorize that an unaltered copy of this form may be generated and given to the officers or directors of other leagues or tournaments in order to allow my participation in their Futsal programs, if the form is required and I have requested to participate. I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, the New England Futsal Enterprises, LLC, the league and tournament, their associated directors, administrators, officers, managers, employees, coaches, trainers, volunteers, sponsors and advertisers, and other agents, estates or executors, from any and all liability incurred in the conduct of, and my participation in, their Futsal programs. This includes owners, lessors, and lessees

**WAIVER AND RELEASE OF LIABILITY (Cont.)**

of premises, municipalities, government agencies, successors, heirs, and assigns. I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

For those individuals eighteen (18) years of age and older:

\_\_\_\_\_ Participant's Name  
(PRINT) Participant's Signature Date Signed For those individuals under the age of eighteen (18) years

(minor): As the parent and natural guardian or legal guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the participant (player/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

\_\_\_\_\_ Parent or Guardian  
Name (PRINT) Parent or Guardian      Signature      Date Signed