



ISLAND TOURNAMENT ROSTER and LIABILITY WAIVER



Team _____ Name: _____ Age Group: **Boys** **Girls** (circle)

In consideration of the furtherance of your purposes, objectives and aims, and in consideration of you permitting my child to participate in your tournament, on behalf of myself, my heirs, administrators, executors, and assigns, I hereby agree to waive, release, and hold harmless, Terror Island, Grosse Ile Soccer Association, Chaos Soccer, as well as any other person, sponsors, organizations or corporation, their heirs, executors, employees, administrators and assigns from any and all liability, claims for damages, accident, injury, disability, death or property damage that may occur from my child's participation in this tournament. I also consent to any necessary immediate medical treatment and by signing below, I state that I am the child's parent or legal guardian

	Jersey No.	Parental Signature	DOB	Player's Name	Date
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