OHIO TRAVEL CUP TOURNAMENT LIABILITY WAIVER

Team Name: _____ Age Division: _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the OHIO TRAVEL CUP Soccer Tournament, USYSA, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for accepting the registrant in the tournament. I hereby release, discharge, and/or otherwise indemnify the tournament organization, the USYSA, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used in the tournament, against any claim by or on behalf of the registrant as a result of the registrant's participation in the tournament and/or being transported to or form the same.

	Players Name (PRINT)	Players Date of Birth	Parent Signature	Date	Guest Player (X)
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0					

Coach's Signature:

Date: