

2024 JUNE ROSTER and WAIVER FORM for HB Sand Soccer Tournament

Team Name and Age Group: _____

I, the undersigned coaches, players and parents/legal guardians on behalf of my heirs, assigns, personal representatives and next of kin, do hereby give my consent and agree to release, discharge and/or otherwise indemnify and hold harmless The State of California and the City of Huntington Beach, Orange County Soccer Referee Association, HB Sand Soccer LLC and all personnel, including officials, staff, and representatives, volunteers, vendors and owners California Youth Soccer Association South (Cal South), Coast Soccer League, and all personnel, including officials, staff, representatives, sponsors, volunteers, promoters, vendors and owners, from any claim from any loss, liability, damage or cost which any may incur as the result of such claim, arising out of any personal or physical injury or death, on or off the field of play, to the named individuals below while participating and/or being transported to or from the event, in the HB Sand Soccer Tournament June 2024.

I, the undersigned coaches, players and parents/legal guardians do understand the roughness of the sport as well as the different and unique characteristics of playing in sand. I, recognize the inherent risk of serious or permanent physical injury and possible death associated with sand soccer activities and games. And I have read and understand all of the rules.

I have read, understood and agree with the above terms. I also understand that if I do not agree, I do not participate in this tournament.

RELEASE OF PHOTOGRAPHY

By signing below, I hereby give my consent to HB Sand Soccer LLC to take photographs, video recordings, and/or sound recordings in documenting the activities of the HB Sand Soccer Tournament. I grant HB Sand Soccer LLC and their affiliate's permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for HB Sand Soccer LLC educational and promotional purposes in manuals, on flyers, the internet, or other publications.

EMERGENCY AUTHORIZATION

I, the undersigned and parents/legal guardians, do hereby authorize the coaches, assistants, or any adult member of the team acting in capacity of activity supervisor or coordinator, to give consent to medical, surgical or other medical treatment deemed necessary for the immediate attention as needed until a member of my family may be notified to make those decisions. In the event of the need to transport or treat a life threatening manner, by signing below I authorize this care be administered by any hospital, physician, lifeguard, EMT or other medical professional.

Note: This is a 3 (three) page document. All pages must be turned in to HB Sand Soccer LLC before the start of the 2024 tournament.

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate in the HB Sand Soccer Tournament and undersigned acknowledges, appreciates, and agrees that:

1. Participation in the HB Sand Soccer Tournament inherently includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH INHERENT RISKS, both known and unknown, EVEN IF ARISING FROM THE ACTIVE OR PASSIVE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in the HB Sand Soccer Tournament as regards to protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Releasees their officers, directors, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the HB Sand Soccer Tournament, WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE ACTIVE OR PASSIVE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby agree to defend and indemnify RELEASEES for all such claims, causes of actions, allegations or matters arising out of, relating to, based upon or in any way connected to my participation in the HB Sand Soccer Tournament.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I, for myself, my spouse, and child/ward, do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Team Name and Age Group _____

COACH/TEAM STAFF'S NAME(s)
(Please print clearly)

SIGNATURE/DATE

PARTICIPANT'S NAME

PARENT OR GUARDIAN
(Please Print Clearly)

PARENT OR GUARDIAN
(Signature)

DATE

