



HOTEL YOU ARE STAYING IN: \_\_\_\_\_

**RELEASE FROM LIABILITY FORM**

**SOUTHERN CALIFORNIA MUNICIPAL ATHLETIC FEDERATION (SCMAF)**

**TYPE OR PRINT LEGIBLY**

Team Name \_\_\_\_\_

Tournament Date / Site \_\_\_\_\_

Manager’s Name \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

**THIS DOCUMENT IS IMPORTANT!! PLEASE READ CAREFULLY BEFORE SIGNING**

IN CONSIDERATION of the acceptance of my application for entry in the above event and as a member of the team herein below, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereinafter accrue to me, as a result of my participation in said event. This release is intended to discharge in advance the promoters, sponsors, SCMAF, the officials, and any involved principalities or other public entities (and their respective agents and employees) from and against any and all liability arising out of or connected in any way with my participation in said event, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I FURTHER understand that serious accidents occasionally occur during said activity, and that participants in such activity occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks of said activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumptions of risk is to be binding on my heirs and assigns.

**PLEASE READ ABOVE CAREFULLY BEFORE SIGNING**

	Print or Type Name	Signature of Player	Date of Birth	Shirt Size
1.	_____	_____	____/____/____	_____
2.	_____	_____	____/____/____	_____
3.	_____	_____	____/____/____	_____
4.	_____	_____	____/____/____	_____
5.	_____	_____	____/____/____	_____
6.	_____	_____	____/____/____	_____
7.	_____	_____	____/____/____	_____
8.	_____	_____	____/____/____	_____
9.	_____	_____	____/____/____	_____
10.	_____	_____	____/____/____	_____
11.	_____	_____	____/____/____	_____
12.	_____	_____	____/____/____	_____
13.	_____	_____	____/____/____	_____
14.	_____	_____	____/____/____	_____
15.	_____	_____	____/____/____	_____
16.	_____	_____	____/____/____	_____

**Managers: All financial disputes will be settled at County of Los Angles, Rio Hondo Court.**