

Minot 3v3 Tournament Player Release Form

Release of Liability: I, being the Player/G	uardian of (Player Name)	,
hereby give approval to his/her participation in the tournament activities. I clearly understand		
this is NOT a US Youth Soccer sanctione	ed tournament. I recognize the possibili	ity of serious
injury or illness to such player and assun		
participation. I hereby release, discharge	,	
hold harmless, Minot Soccer Association, and it's affiliates, sponsors, tournament sponsors,		
employees, coaches, representatives and agents from and with respect to any claim, cause of		
action, liability, expense or obligation arising in connection with, or related to, such players		
participation in the tournament and related activities. I hereby grant permission to the team's		
coaching staff, or tournament personnel, in my absence, to authorize and obtain medical care		
Player Name (Printed)	Player Birthday	
Parent Name (Printed)	Parent Signature	Date