**TOURNAMENT LIABILITY RELEASE FORM AND ROSTER**

I hereby agree that Indiana Elite FC and all facilities and staff shall not be liable for any injury or loss which my child(ren) may sustain while participating in the Fall Kick-Off soccer tournament. I agree to indemnify and to hold harmless the organizing soccer group and/or the Indiana Elite FC and all facilities from any claim whatsoever. I will not hold any owners, board members, officers, sponsors, or coaches responsible for any injury in connection with the Indiana Elite FC, Fall Kick-Off event and all related facilities. I also understand that athletic trainers are not guaranteed at every court, and emergencies should be addressed to local 911 services.

COVID-19 Policy Statement:

We have taken enhanced health and safety measures for participants, spectators, and staff. Those present must follow all posted instructions while attending the event. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness, medical complications, and death, according to the Centers for Disease Control and Prevention. For the latest information, please check [https://www.cdc.gov/.](https://www.cdc.gov/) Senior citizens and guests with underlying medical conditions are especially vulnerable. We highly recommend that those in the high-risk category not be present at the event. By attending the event, all participants and spectators voluntarily assume all risks related to exposure to COVID-19.

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Player Name | DOB | Parent Name | Parent Signature | date |
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