

Merlin Soccer Academy Futsal Liability Waiver, Medical Release and Video/Photography Consent

Important: The following form must be completely filled out and submitted with your Merlin Soccer Academy Futsal Registration in order to participate in the Tournament. The following form will also be used as your teams "Roster" for participation in the Tournament. Each Player listed must sign prior to participating in the Tournament. Players under the age of 18 must have a parent or legal guardian sign the form as well. It is understood that it is the Head Coach, as listed in the below form, that is responsible for the validity of the information provided.

Liability Waiver

Liability Waiver: I/We hereby agree to abide by the Merlin Soccer Academy Futsal ("MSAF") rules in their entirety. I/We hereby release, discharge and indemnify all affiliates associated with MSAF including but not limited to MSAF, spectators, vendors, endorsers, The City of Elizabeth, participants, Coaches, referees, executors, administrators, volunteers, affiliate organizations and organizers. I/We recognize the inherent risks and dangers involved with the activities associated with MSAF and will allow this Liability Waiver serve as a release, waiver and assumption of risk for my heirs, executors and administrators, and for all members of my Family, Travel Party and minors accompanying me and associated with MSAF.

Medical Release

Medical Release: I/We agree as a condition of acceptance of my child's participation by MSAF and the right to participate in its related activities including but not limited to the MSAF, activities associated with City of Elizabeth and associated activities, I consent for my child and myself to receive all medical treatments, including emergency medical treatment as deemed necessary by the MSAF provided medical professionals.

Footage: Video/Photography/Sound Consent

Footage: Video/Photography/Sound Consent: I/We hereby give consent to MSAF to release all taken photographs and video footage (both silent and sound) of all participants, Family Members and Travel Party Members for the purposes of documenting all activities associated with MSAF for the future use of promoting MSAF. MSAF, at its sole discretion, exercises the right to use any and all Footage from the Tournament for the purposes of, but not limited to, future promotions, print marketing, video marketing, sound marketing and recording. All pictures, video and audio sound will be property of MSAF.

By signing the below, I/We agree that we fully accept and understand all the terms and conditions of the above mentioned and agree to give up substantial rights by signing it. I/We are signing freely and voluntarily and without inducement or under duress.

Coach/Manager Name: _____ Signature: _____ Date: _____



MERLIN S.C. WINTER FUTSAL

All Player passes accepted



Team Name: _____

Age Group: _____ Team Contact _____ Phone # _____

Phone #: _____ Email: _____

Head Coaches Name (printed below)	X	Head Coaches Signature (below)
	X	
Assistant Coaches Name (printed)	X	Assistant Coaches Signature (below)
	X	
Players/Roster Printed (below)	Date of Birth	Parents / Authorized Signature (below)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Important Notice: Any player participant in the tournament who is not listed on this roster and who hasn't submitted the waiver will be the sole responsibility of the club belong to. The tournament organizers will not assume any responsibility for unregistered players