



Team Waiver for Mickey Wherry

PLEASE TURN IN THIS FORM AT TEAM CHECK IN

Every player, and their parent or guardian, if the player is under age 18, must read this waiver form. Signatures on the registration form signify each person has read, understands and abides by this information. There are risks connected with my participation in this tournament and its related activities. I release and discharge Delaware Youth Soccer Association, event sponsors, event charities (collectively known as event organizers) and the workers, employees and directors from all action, suits and demands whatsoever in law or in equity, including but not limited to, the risk of personal injury from playing in the tournament and the risk of loss of personal property by theft or otherwise. Further, I hereby grant full permission for event organizers to record any or all my participation in this event for photos, motion pictures, TV, radio, recordings and other media known or unknown, and to use them, no matter by whom taken, in any matter to publicity, promotions advertising trade or commercial purposes, without any reimbursement of any kind due to me, or the need to pay me any fee. This waiver will be available at every team check in and will need to be signed before you are able to play.

PLAYER and/or if under 18-PARENT SIGNATURES:

TEAM: _____ AGE: _____ REC/TRAVEL: _____ M _____ F _____

PLAYER _____ PARENT/GUARDIAN: _____

PLAYER _____ PARENT/GUARDIAN: _____

PLAYER _____ PARENT/GUARDIAN: _____

PLAYER _____ PARENT/GUARDIAN: _____

PLAYER _____ PARENT/GUARDIAN: _____

PLAYER _____ PARENT/GUARDIAN: _____