

**TRI COUNTY CLASSIC
AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING**

Before you compete we need each participant to complete this form. Athletes under the age of 18 will need to have this form signed by their parent or guardian. Please sign this waver on both lines and return it to the Pacific Soccer Association or bring it when you check in for the games. Both the Waiver of Liability and the Consent for Medical Treatment must be signed in order to be eligible to participate.

Please print the following information:

Name (please print): _____

Address: _____

City/State/Zip: _____

WAIVER OF LIABILITY

In consideration of my entry into the competition known as the Tri County Classic, I, intending to be legally bound, do hereby for myself, executors and administrators waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages, or injury to my person or property arising out of my performance or failure of performance, from the Tri County Classic, Pacific Soccer Association, the City of Pacific, the owner of the site of any festival of finals competition I may be participating in, their agents, representatives, successors, and assigns.

CONSENT FOR MEDICAL TREATMENT

I, the undersigned, do hereby authorize and consent to any first aide, medication, medical treatment or surgery deemed necessary in case of emergency.

ATHLETE'S SIGNATURE

PARENT'S OR GUARDIAN'S
(if athlete is under 18 years old)