

## LIABILITY RELEASE FORM

Team Name \_\_\_\_\_ Division \_\_\_\_\_ Boys / Girls

I hereby agree that the DaytonStrongCup and the Warrior Soccer Club shall not be liable for any injury or loss, which I may sustain while participating in this soccer showcase event, and I agree to release, discharge, and / or otherwise indemnify and to hold harmless the organizing soccer group and / or the DaytonStrongCup / Warrior Soccer Club from any claim whatsoever. I will not hold any Board Members, Officers, Directors, Agents, Assigns, Sponsors or Coaches responsible for any injury in connection with the DaytonStrongCup and / or the Warrior Soccer Club program. I also understand that athletic trainers are not guaranteed on site and emergencies should be addressed to 911 Emergency.

**Also, by signing this I hereby acknowledge that I have viewed the Ohio Department of Health Video pertaining to Sudden Cardiac Arrest, have reviewed the Ohio Dept of Health Sudden Cardiac Arrest handout, have completed Concession Training Course from either NFHS (preferred) or CDC, and distributed a copy of the Parent Concussion Information Sheet to the parents of all the players. All Coaches must also sign the liability release below verifying that they have met these requirements.**

Players Name	Parent/Guardian Signature	Date
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2.		
3.		
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18.		

COACH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COACH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COACH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_