



TOURNAMENT LIABILITY RELEASE FORM

I hereby agree that Commonwealth Soccer Club and Fayette County Public Schools, their officers, directors, members, shareholders, sponsors, managers, employees, agents, successors and assigns (collectively "Released Parties") shall not be liable for any injury or loss which my child (ren) may sustain or suffer while participating in or attending this soccer tournament. I hereby release and agree to indemnify and hold harmless the Released Parties from any and all claims whatsoever, without limitation on such indemnity. I understand that athletic trainers and medical personnel may or may not be present at the tournament site, and that should any child(ren) require medical attention, such personnel will be summoned by calling 911 Emergency.

Player Name	Parent's Printed Name	Parent's Signature	Date
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