

2024 Frankenstein 4v4 Festival Waiver

Tournament Director: Emily Glick (pacesetterglick@gmail.com)

TEAM NAME: _____

Age: _____ Gender : _____

All Information Required	COACH/ MANAGER INFORMATION
Name	
Email	
Primary Phone	

Player 1:		Player 2:	
Birthdate	____/____/____	Birthdate	____/____/____
Parent Name		Parent Name	
Phone Number		Phone Number	
Parent Signature <small>(indicates WAIVER)</small>		Parent Signature <small>(indicates WAIVER)</small>	
Player 3:		Player 4:	
Birthdate	____/____/____	Birthdate	____/____/____
Parent Name		Parent Name	
Phone Number		Phone Number	
Parent Signature <small>(indicates WAIVER)</small>		Parent Signature <small>(indicates WAIVER)</small>	
Player 5:		Player 6:	
Birthdate	____/____/____	Birthdate	____/____/____
Parent Name		Parent Name	
Phone Number		Phone Number	
Parent Signature		Parent Signature	

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(indicates WAIVER)		(indicates WAIVER)	
Player 7:		Player 8:	
Birthdate	____/____/____	Birthdate	____/____/____
Parent Name		Parent Name	
Phone Number		Phone Number	
Parent Signature (indicates WAIVER)		Parent Signature (indicates WAIVER)	

Mail Waiver Form and Check to:
Pacesetter Soccer Club
Attn:Frankenstein 4v4 Festival
5400 West Central Ave
Toledo, Ohio
43615

Fee: \$100 per team

Make check payable to: Pacesetter Soccer Club
Memo Line: Team Name/ 4v4

Before registering and participating in this event, every parent should read this form. By signing the entry form, the parents of each player signify that they have read the information contained in this form, fully understands this information and agrees to the terms contained in this form. INCLUDED IN THESE TERMS ARE (i) A WAIVER AND RELEASE OF LIABILITY FOR PERSONAL INJURIES AND LOSS OF PERSONAL PROPERTY SUFFERED BY THE PARTICIPANT AND (ii) PERMISSION TO USE PARTICIPANT'S LIKENESS OR PHOTO. (i) VOLUNTARY AND RELEASE. There are risks connected with participation in this event and its related activities. Injury to my child or damage to or loss of my personal property is a possibility. I acknowledge the risk of this possibility and I, the legal parent/guardian of a minor registrant, hereby release, discharge, and or otherwise indemnify the AWUSC, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation. PERMISSION TO USE PHOTO. I HEREBY GRANT FULL PERMISSION for Event Organizers to record any or all of my child's participation in this event for photos, motion picture, TV, radio, recordings, videotapes, and other media know and unknown, and to use them, no matter by whom taken, in any manner for publicity, promotions, advertising, or trade.