WAZA SPOOKTACULAR

LIABILITY RELEASE FORM

TEAM NAME: _____ DIVISION: _____ BOYS GIRLS

In consideration of the furtherance of your purposes, objectives and aims, and in consideration of your permitting me to participate in your tournament, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages which I may have against you, Waza Spooktacular, Waza FC, as well as any other person, sponsors, organizations or corporation, their heirs, executors, administrators and assigns who are providing services or assistance as a result thereof including Munson Park, Monroe Area Soccer Association.

Players under the age of 18 must have the release form signed by a parent or guardian.

Signature of Parent/Guardian	Player's Name	Date
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