

## BLUE CHIP CLASSICS CUP TOURNAMENT INDEMNITY

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYSA and its affiliates accepting the registrant for its soccer programs and activities, in consideration of being permitted to participate in the Blue Chip Classics Cup Tournament ("event"), I hereby release, discharge and/or otherwise indemnify the Cincinnati Classics Hammer Soccer Club, the Blue Chip Classics Cup Tournament, USSF/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the event, against any claim by or on behalf of my son/daughter, his/her parents or guardians, or other related persons as a result of their participation in the event and/or while being transported to or from the same, which transportation I hereby authorize. My son/daughter has received a physical examination by a physician and has been found physically capable of participating.

	<b>Player Name</b>	<b>Address</b>	<b>Father's name</b>	<b>Player Signature</b>	<b>Parent Signature</b>
	<b>Birth Date</b>	<b>City, State, Zip</b>	<b>Mother's name</b>	<b>Date</b>	<b>Date</b>
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