**RELEASE AND WAIVER OF LIABILITY Thanksgiving Cup - 2024**

He leido la presente responsive y entiendo que este torneo no tiene cobertura medica y/0 de accidents y estoy participandso en la competencia bajo mi propio reisgo (asi como los jugadores de la presente lista y/o miembros del equipo). /I have read this waiver and understand that the tournament does not provide any kind of insurance of medical coverage for injuries sustained while playing in the tournament and I am participating under my own risk (as well as the players on this list and/or members of my team).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Team Name/ Div:** | | **Coach Name:** | | | **Phone:** | |
| **#** | **Player Name** | **Birth Date** |  | **Parent Email** | | **Coach Signature** |
| **1** |  |  |  |  | |  |
| **2** |  |  |  |  | |  |
| **3** |  |  |  |  | |  |
| **4** |  |  |  |  | |  |
| **5** |  |  |  |  | |  |
| **6** |  |  |  |  | |  |
| **7** |  |  |  |  | |  |
| **8** |  |  |  |  | |  |
| **9** |  |  |  |  | |  |
| **10** |  |  |  |  | |  |
| **11** |  |  |  |  | |  |
| **12** |  |  |  |  | |  |
| **13** |  |  |  |  | |  |
| **14** |  |  |  |  | |  |
| **15** |  |  |  |  | |  |
| **16** |  |  |  |  | |  |
| **17** |  |  |  |  | |  |
| **18** |  |  |  |  | |  |
| **19** |  |  |  |  | |  |
| **20** |  |  |  |  | |  |