**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).

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| **Team Name/ Div:** | **Coach Name:** | **Phone:** |
| **#** | **Player Name** | **Birth Date** |  | **Parent Email** | **Coach Signature** |
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