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Kick It 3v3 Soccer Official Team Roster Waiver / Release of Liability

Team Name		Age Division		Kick It ID Number	
Team Contact Person Name		Email Address for Team Contact Person		Phone (Home) for Team Contact Person	
		PLEASE READ BEFORE S	SIGNING!		
epresentatives, heirs, and next of kin:: 1. Acknowledges, appreciates, and agree: 2. KNOWINGLY AND FREELY ASSUME participation; and, 3. Willingly agrees to comply with the state emove him/herself from participation and 2. Acknowledges, appreciates, and agree: leirs, and/or assigns; and 3. Agrees that all audio/video recordings a copyright its name for its sole benefit and 3. HEREBY INDEMNIFIES, RELEASES A lond FLAG FOOTBALL, its affiliates, subsand if applicable, owners and lessors of practicity and processes and the second of the minor child side of the minor child indersigned is a legal parent or guardian of the minor child indersigned is a legal parent or guardian. There will be no refunds granted unless the pame scheduling conflicts, team drama, o	is that the risk of injury from the an ALL SUCH RISKS, both known and and customary terms and conbring such to the attention of the sthat he/she has read this form and pictures of the materials and any such audio, video or picture and HOLDS HARMLESS BIG TI idiaries and parent entities, and the emises used to conduct the even THE RELEASEES OR OTHERW. ITY AND ASSUMPTION OF RIS VOLUNTARILY WITHOUT ANY is the owner of all rights granted listed below and is executing this of a minor child who turns the agricy lice are not enough teams to corrother reason; 2) inclement wea	ditions for participation. If however he/she observed in the second of the event. Any description may be used by the licensed participation of the event. CKET SPORTS LLC, GRAND SPORTS MANAPORTS in the inflicers, officials, agents and/or employees to ("Releases"), WITH RESPECT TO ANY AND ISE; and K AGREEMENT, FULLY UNDERSTAND ITS INDUCEMENT and authorizes on his/her behaltered in the second of the secon	uding the potential for NEGLIGENCE OF THerves any unusual sign e is giving up legal rigarty and is solely own AGEMENT, LLC, KICKs, directors, sharehold ALL INJURY, DISABIL TERMS, UNDERSTAI alf any of the Release owner of such rights in the policy / BAD WE and agreement of such limited to 1) Your the RESTAIN CONTRACTOR IN THE RESTAIN THE RES	injury, permane E RELEASEES afficant hazard of this and remedied by Big Ticket (IT 3V3 SOCC ers, other particultry, DEATH, conductive to obtain any to grant same a cather Policuch child is also team's inability it	ent paralysis and death; or others, and assume all full responsibility for my during his/her presence or participation, he/she will be on behalf of him/herself and his/her family, estaget Sports LLC and Big Ticket Sports LLC may ER, HOOP IT UP 30n3 BASKETBALL, LET IT FL' ipants, sponsoring agencies, sponsors, advertisers or loss or damage to person or property, WHETHEI SHE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY medical care or treatment deemed necessary; and (ii) is at least eighteen (18) years of age or is the Y on behalf of such minor child. In the event that
Player's Full Name	age of 18. Date of Birth	Email Address	Cell P		Signature of
*Players may sign if over the Player's Full Name (Please Print)		Email Address	Cell P Num		Signature of Player/Parent/Guardian ** I have read and I understar
Player's Full Name (Please Print)	Date of Birth	Email Address			Player/Parent/Guardian **
Player's Full Name (Please Print)	Date of Birth	Email Address			Player/Parent/Guardian ** I have read and I understar
Player's Full Name (Please Print)	Date of Birth mm/ dd /yyyy mm/ dd /yyyy	Email Address			Player/Parent/Guardian ** I have read and I understar I have read and I understar
Player's Full Name (Please Print)	Date of Birth mm/ dd /yyyy mm/ dd /yyyy mm/ dd /yyyy	Email Address			Player/Parent/Guardian ** I have read and I understar I have read and I understar I have read and I understar
Player's Full Name (Please Print)	Date of Birth mm/ dd /yyyy mm/ dd /yyyy mm/ dd /yyyy mm/ dd /yyyy	Email Address			Player/Parent/Guardian ** I have read and I understar

DATE: _____

Kick It 3v3 Soccer Tour Official Game Rosters

Team Name:	Team Name:
Division:	Division:
Jersey Color(s):	Jersey Color(s):
Player 1:	Player 1:
Player 2:	Player 2:
Player 3:	Player 3:
Player 4:	Player 4:
Player 5:	Player 5:
Player 6:	Player 6:
	1.076. 6.
Team Name:	Team Name:
Division:	Division:
Jersey Color(s):	Jersey Color(s):
Player 1:	Player 1:
Player 2:	Player 2:
Player 3:	Player 3:
Player 4:	Player 4:
Player 5:	Player 5:
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Team Name:	Team Name:
Team Name:	Team Name:
Division:	Division:
Division: Jersey Color(s):	Division: Jersey Color(s):
Division: Jersey Color(s): Player 1:	Division: Jersey Color(s): Player 1:
Division: Jersey Color(s): Player 1: Player 2:	Division: Jersey Color(s): Player 1: Player 2:
Division: Jersey Color(s): Player 1: Player 2: Player 3:	Division: Jersey Color(s): Player 1: Player 2: Player 3:
Division: Jersey Color(s): Player 1: Player 2: Player 3: Player 4:	Division: Jersey Color(s): Player 1: Player 2: Player 3: Player 4: Player 5:
Division: Jersey Color(s): Player 1: Player 2: Player 3: Player 4: Player 5:	Division: Jersey Color(s): Player 1: Player 2: Player 3: Player 4: Player 5:
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^{*} One roster box must be submitted to referee prior to the start of each game. Teams are responsible for bringing the appropriate amount of game rosters. It is advised to have extra rosters available.*