



2017 Indigenous Soccer Cup
A National Native Youth Leadership Conference

WAIVER, CONSENT, AND RELEASE OF LIABILITY

As an athlete/student participating in the Indigenous Soccer Cup and/as the parent or legal guardian of the athlete/student named below, I hereby give my full consent and approval to participate in the Indigenous Soccer Cup.

I understand that there are certain risks of injury inherent in the practice and play of soccer, as well as traveling and other related activities incidental to myself (participant)/my child's participation, and I am willing to assume these risks. I hereby certify that I or my child or ward am/is healthy and have/has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. I authorize medical treatment for myself and/or my child or ward, at my cost, if the need arises.

In addition to giving my full consent for my participation, I do hereby waive, release, and hold harmless Southwest Youth Services, Inc., its officers, coaches, affiliates, sponsors, supervisors, and representatives for any injury that may be suffered in the normal course of participation in the Indigenous Soccer Cup and the activities incidental thereto, whether the result of negligence or any other cause. I release, waive, discharge, and covenant not to sue Southwest Youth Services, Inc., affiliates, respective administrators, directors, agents, coaches, and other volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and owners and leasers of premises used to conduct the event from the demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by negligence.

This Waiver and Consent Form shall be governed by the State of New Mexico and legal action relating to or arising out of this Waiver and Consent Form shall commence in the First Judicial District Court located in Albuquerque, New Mexico (or if such District Court does not have jurisdiction over the subject matter, then to such court sitting in such county and having subject matter jurisdiction).

Name of Athlete/Student (*Please Print Legibly*)

Athlete/Student Signature

Parent/ Guardian Signature
(**Required** if player is 17 years of age or younger)

Date

Please list any physical limitations (allergies, hearing, sight, etc.) _____

Insurance Company

Policy Number