Waiver of Liability/Responsibility of Conduct Form

All HSC Indoor Soccer tournament participating players/coaches/managers must complete this form, and turn in during on-site registration.

	Player Name	Date of Birth	Parent/Guardian Signature
1			
1			
2			
3			
4			
5			
6			
7			
8			
9			
0			
	Coach Names	Coach E-Mail Address	Coach Signature
<u> </u>			
its facul to and f	ty and staff, the Tournament Committee, and all volunteer rom, or while in attendance. We acknowledge that we hav	ules of the HSC Indoor Soccer Tournament. We also agree to hold h s, vendors, and sponsors involved in the HSC Indoor Soccer Tournar re private insurance, and/or coverage through TSSA that will provide n, parents and fans while attending and viewing games, and particip	nent, for any and all injuries resulting from participating in, travel e secondary medical coverage. Further, the the undersigned
	er/Coach	Team	Date