

Team Name: \_\_\_\_\_

Coach/Captain: \_\_\_\_\_

**GULF COAST CREW 7-A-SIDE  
PLAYER PARTICIPANT & WAIVER FORM**



**This form MUST be signed by every athlete and legal guardian (if under the age of 19). Teams will not be allowed to compete unless this waiver is completed and matches the roster! No exceptions will be allowed.**

In consideration of the Participant being allowed to participate in any way in the Gulf Coast Crew 7-a-side athletics/sports programs and related events and activities, the undersigned:

ACKNOWLEDGE AND FULLY UNDERSTAND the Participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from his or her own actions, inaction or negligence, but the actions, inaction or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time. ASSUME all the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death. RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, AND COVENANT NOT TO SUE Gulf Coast Crew 7-a-side, sponsor of the Gulf Coast Crew 7-a-side, the Nation and State Governing Sports bodies, City and County Governments Pascagoula, MS, their respective administrators, officers, directors, agents, and lessors of the premises used to conduct the events, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns and next of kin for any and all claims, 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 the negligence of the released or otherwise, to the fullest extent permitted by law.

CONSENT to permit and authorize officials of the Gulf Coast Crew 7-a-side to seek emergency medical treatment in the event of accident or injury and consent to permit and authorize those providing medical care to perform medical treatment as deemed necessary.

CONSENT to allow Participant's picture and/or voice or likeness to appear in any official documentary, promotional (including any and all advertisements) television, radio or film coverage of the Gulf Coast Crew 7-a-side without compensation

**The undersigned had read the above waiver, release of liability and authorization of medical treatment, understand to have given up substantial rights by signing, and acknowledge they have signed voluntarily.**

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**

(Under Age 19 at the time of registration)

This is to certify that I, as a player of age or parent/guardian, with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the involvement of participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. The Gulf Coast 7 a-side is not liable for any participant that falsifies their age.

**Page 2: Roster/Waiver Signatures**



01.Name: \_\_\_\_\_

Signature: \_\_\_\_\_

02.Name: \_\_\_\_\_

Signature: \_\_\_\_\_

03.Name: \_\_\_\_\_

Signature: \_\_\_\_\_

04.Name: \_\_\_\_\_

Signature: \_\_\_\_\_

05.Name: \_\_\_\_\_

Signature: \_\_\_\_\_

06.Name: \_\_\_\_\_

Signature: \_\_\_\_\_

07.Name: \_\_\_\_\_

Signature: \_\_\_\_\_

08.Name: \_\_\_\_\_

Signature: \_\_\_\_\_

09.Name: \_\_\_\_\_

Signature: \_\_\_\_\_

10.Name: \_\_\_\_\_

Signature: \_\_\_\_\_

11.Name: \_\_\_\_\_

Signature: \_\_\_\_\_

12.Name: \_\_\_\_\_

Signature: \_\_\_\_\_

13.Name: \_\_\_\_\_

Signature: \_\_\_\_\_