

Date Signed

CHALLENGE SPORTS 3v3 WAIVER and RELEASE of Liability INDIVIDUAL



Participant (player) Information

Player Full Name:	Birth Date:
Gender:	Emergency Contact Number:
TERMS AND CONDITIONS OF PA	ARTICIPATION – READ BEFORE SIGNING
and activities (collectively known as the Events) attest that, after reading this Waiver and Perm	ate in the 3v3 Challenge Sports Tour soccer tournaments, wherever and whenever the Events may occur, I hereby ission Form completely and carefully, I acknowledge that child or ward is entirely voluntary, and that I understand
· ·	the Events, including the risk of personal injury, disability, E SUCH RISKS even if arising from the negligence of the
	rida Challenge Sports Events, Inc. (DBA Challenge Sports) rities, workers, employees, independent contractors and to any and all risks involved with the Events.
	Releasees from any and all liabilities, claims, actions, ociated with my or my minor child's participation in the easees or otherwise.
I acknowledge that medical insurance is not pro	vided.
The Releasees are not responsible for any effective on eligibility for other sports activities.	ect participation by me or my minor child or ward may
participation in the Events for photos, videos,	to record any or all of my or my minor child's or ward's motion pictures, TV, radio and other media, and to use ter including publicity, promotions, advertising, trade or ent or fee paid to me.

Printed Name

Signature (parent/guardian if player under 18)