



Waiver of Liability/Responsibility of Conduct Form

All Bison Indoor Cup 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			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Coach Name	Coach Email Address	Coach Signature

We, the above signed players and parents, agree to abide by the rules of the Bison Indoor Cup Soccer Indoor Soccer Tournament. We also agree to hold harmless the Station Camp Soccer Foundation, Station Camp High School, its faculty and staff, the Tournament Committee, and all volunteers, vendors, and sponsors involved in the Bison Indoor Cup Soccer Indoor Soccer Tournament, for any and all injuries resulting from participating in, travel to and from, or while in attendance. We acknowledge that we have private insurance, and/or coverage through TSSA that will provide necessary medical coverage. Further, the undersigned coach/manager assumes responsibility for the conduct of this team, parents and fans while attending and viewing games, and participating in activities sponsored by the Station Camp Soccer Foundation.

Manager/Coach	Team	Date
---------------	------	------