

Belle Fourche Soccer Team Liability Release

Team Division: _____ **Team Gender:** _____

Team Name: _____

I hereby, for myself, executors, administrators, heirs and above assignees, release the Belle Fourche Soccer Club, Tournament Officials, the South Dakota Youth Soccer Association, Belle Fourche Schools, and Belle Fourche Area Community Center from all responsibilities resulting from any and all injuries sustained while participating in or attending this tournament. I further agree to abide by the rules and regulations of the tournament and the COVID-19 best practices put into place.

All coaches: This form is required to be signed and presented at check-in along with the player passes, player medical releases, official state roster(s), guest player form(s) (for players not on your roster), and travel papers (for out-of-state teams). Please bring two copies of your roster if you are splitting one team into two teams.

Coach's Name: _____ Cell phone #: _____

Manager's Name: _____ Cell phone #: _____

Signature of Coach or Manager: _____ Date: _____

By registering, attending, and entering the event facilities, all participants, including, but not limited to, coaches, players, parents, spectators, event staff, vendors, partners, medical staff, referees, and administrators agree to follow all national, state, local, SDYSA, and BFSA guidelines, and assume all responsibility of risk in attending the Center of Nation 2023 Tournament. The understanding of the risk and agreeing to not indemnify BFSA or its staff and volunteers nor hold them responsible for any sickness or health condition that may result in attending the event.