



KINCARDINE ADULT SOCCER

FUN.RECREATIONAL.SOCCER

Team Name: _____

Contact Phone #: _____ Contact Email: _____

Team Roster:

Signature:

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |
| 11. _____ | _____ |
| 12. _____ | _____ |

INDOOR CO-ED 5-ON-5 SOCCER TOURNAMENT - APRIL 15, 2023

This is to acknowledge the team contact is the person responsible for the conduct of his/her players during the tournament. There will be no refunds issued for teams that are disqualified due to inappropriate behaviour. The tournament is taking place in Davidson Center and all players, spectators, team contacts etc. need to adhere to the facility rules and respect the users of the facility at all times.

Waiver of Liability: I agree to release and waive all claims and hereby indemnify and hold harmless the Organization of Kincardine Adult Soccer Association ("KASA") and its elected officials, officers, employees, agents, representatives, volunteers and other participants, ("the indemnified persons") for any and all liability for any property damage or personal injury resulting to me or to any of the above-named persons for whom I am in law responsible, from or connected with participation in any activity contemplated by the registration. I hereby further agree that KASA and the Indemnified Persons shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses respecting any act done in good faith, including but not limited to personal injury, death, property damage or loss resulting from or connected with participation in any activity contemplated by this Registration. I have read and understood the Waiver of Liability.

Team Contact Name: _____ Signature: _____