

Carolina Rapids

PLAYER LIABILITY RELEASEFORM ***** THIS FORM IS REQUIRED AT TEAM CHECK-IN *****

TEAM NAME: _____

AGE GROUP: U-___ BOYS / GIRLS (Circle One)

The undersigned, as parents and guardians of these minor children, release and discharge the designated officials of the 2019 Novant Health Children's Trust Tournament and Carolina Rapids from any and all liability, claims, or demands arising from players participating in the 2019 Novant Health Children's Trust Tournament. This includes all and any claims for personal injuries sustained while present or participating in the 2019 Novant Health Children's Trust Tournament.

	PLAYER NAME	PARENT/GUARDIAN SIGNATURE	DATE
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____

I hereby verify that the above information is true and correct.

Coach or Team Manager Signature

Date
