



Giannetti Cup Tournament Roster and Waiver



PRESENT THIS ROSTER THE FIRST DAY OF THE TOURNAMENT. DO NOT MAIL

TEAM NAME _____ MANAGER _____

PHONE _____ EMAIL _____

ADDRESS _____ CITY, STATE, ZIP _____

Please read and sign – Your signature indicates that you have read, understood, and agreed to the provisions below: In consideration for being allowed to participate, in any way, in the OCWSL Gianetti Cup Tournament and related events and activities, the undersigned: Agree that prior to participating, they will inspect the facilities and equipment to be used, and if they believe anything to be unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but also that of others, the rules of play, or the condition of the premises and equipment used. Further, there may be other risks not known to OCWSL or reasonably foreseeable at this time. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.

1. Release, waive, discharge, and covenant not to sue OCWSL, its affiliates, their respective administrators, directors, agents, coaches, and any other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and (if applicable) owners and leasers of premises used to conduct the event, all of which are herein after referred to as "releasees," from demands, losses, or damages on account of the injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
2. Understand that while OCWSL does maintain liability insurance, this insurance does not include coverage for loss or damage to personal possessions; such insurance is the responsibility of the undersigned.

Please have Name and Date of Birth filled out in advance. Players must show ID and sign at registration.

Name	Date of Birth	Signature (sign at registration)
1.		
2.		
3.		
4.		
5.		
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17.		
18.		
19.		
20.		

*Maximum 20 players for 11 v 11. *Maximum 13 players for 8 v 8.

Signature of team manager: _____ Date: _____