

TOURNAMENT WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate or in consideration of my child being allowed to participate, in any way in the **UNAM-SA TORNEO AMISTAD**:

1. I agree that prior to participating, I will, or if I am a parent or guardian of a minor participant, will instruct such participant that he or she should inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise my coach (if I am participating as an athlete) or supervisor of such condition(s) and refuse to participate.

2. I acknowledge and fully understand that I (or my child), may be engaging in activities that involve risk of serious injury, permanent disability, or death, and sever social and economic losses which might result not only from my own actions, inactions or negligence by actions, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

3. I assume all the forgoing risks and accept personal responsibility for the damages following any such injury, permanent disability, or death.

4. Intending to be legally bound, I do hereby release, waive, discharge and agree not to sue the **UNAM-SA**, sponsor of the **UNAM-SA TORNEO AMISTAD**, its affiliates, their respective administrators, officers, directors, agents coaches, and other employees or volunteers 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 hereinafter referred to as "releasees," from any and all liability to each of the undersigned, his or her heirs and next of kin for any claims, demands, losses, or damages on account of 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 in connection with association or entry in and/or arising out of my travel to, participation in, and returning from competition of the tournament.

5. In the event that I (or my child) sustain injury or illness while competing in the **UNAM-SA TORNEO AMISTAD**, I hereby authorize any emergency first aid, medication, medical treatment, or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel, including college trainers, to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately able to do so.

6. I hereby consent to allow my picture and/or voice likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the **UNAM-SA TORNEO AMISTAD** and without compensation to me.

7. I understand that the **UNAM-SA TORNEO AMISTAD** will not sell any of my personal information to third parties unless I give my consent.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE AND UNDERSTAND THAT HE/SHE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING THIS WAIVER.

COACH'S SIGNATURE _____ DATE _____

Team Name _____ Gender Male Female Age group _____

#1. Player _____ Address _____ City _____ St _____ Zip _____

Phone (____) _____ Gender Male Female Birth date __/__/__ Age ____

Waiver Signature (if under 18 must be parent signature) _____

#2. Player _____ Address _____ City _____ St _____ Zip _____

Phone (____) _____ Gender Male Female Birth date __/__/__ Age ____

Waiver Signature (if under 18 must be parent signature) _____

#3. Player _____ Address _____ City _____ St _____ Zip _____

Phone (____) _____ Gender Male Female Birth date __/__/__ Age ____

Waiver Signature (if under 18 must be parent signature) _____

#4. Player _____ Address _____ City _____ St _____ Zip _____

Phone (____) _____ Gender Male Female Birth date __/__/__ Age ____

Waiver Signature (if under 18 must be parent signature) _____

#5. Player _____ Address _____ City _____ St _____ Zip _____

Phone (____) _____ Gender Male Female Birth date __/__/__ Age ____

Waiver Signature (if under 18 must be parent signature) _____

#6. Player _____ Address _____ City _____ St _____ Zip _____

Phone (____) _____ Gender Male Female Birth date __/__/__ Age ____

Waiver Signature (if under 18 must be parent signature) _____

#7. Player _____ Address _____ City _____ St _____ Zip _____

Phone (____) _____ Gender Male Female Birth date __/__/__ Age ____

Waiver Signature (if under 18 must be parent signature) _____