Player Equipment: Authorization to Play while wearing a cast, splint or similar medically-related non-standard equipment and Player Waiver

Before you consider playing with a cast please consult your doctor to see if it is feasible/advisable to play soccer with a cast on.

_____ _____

Player's Name Player's Pass # (if applicable)

_____

Player's Date of Birth

_____

Player's Club and Tournament Team

The Laws of the Game do not prohibit the wearing of a cast. However a player may not wear anything that is dangerous to any player, including the player him/herself. Whether the article is dangerous is left to sole discretion of the Flatgrass Regional Showdown Tournament Committee.

Many, if not most, referees will allow a player to play with a hard cast if the cast is padded with closed cell slow recovery foam no less than ½" thick and the player does not use the cast in a way that is dangerous.

Rule #1: The Player's Equipment: A player must not use equipment or wear anything that is dangerous to himself or another player (including any kind of jewelry).
Rule #2: The Referee: ensures that the players' equipment meets the requirements of Rule #1.

If a player participating in the Flatgrass Regional Showdown Tournament wears a cast, a splint, or any other similar medically related non-standard equipment, he or she must obtain permission to participate prior to his or her first game of the tournament from the Tournament Committee via completion of this form.

Tournament Committee Authorization:

By signing below, the Flatgrass Regional Showdown Tournament Committee gives authorization for the player above to participate and compete in Tournament while wearing this non-standard equipment with the safety measures described below, if applicable.

Description and conditions, if applicable:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____ _____

Tournament Committee Representative Date

Player Waiver:

PARTICIPANT'S NAME (type or print):

_____

PARTICIPANT'S DATE OF BIRTH (mm/dd/yyyy):

_____

I, the undersigned, in consideration for my voluntary participation in the Neenah Soccer Club's Flatgrass Regional Showdown Tournament, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

I have obtained written permission from my doctor permitting me to participate in contact sports, and have attached that to this form. I assume all risks and hazards associated with my participation in the Flatgrass Regional Showdown Tournament, and acknowledge that I am playing with a cast, splint or similar medically-related non-standard equipment. I have requested approval from the Tournament Committee to participate in the Flatgrass Regional Showdown Tournament while wearing a cast, splint or similar medically-related non-standard equipment. I believe that I can participate as a soccer player in the Flatgrass Regional Showdown Tournament while wearing a cast, splint or similar medically-related non-standard equipment, and that my participation will not be dangerous to myself or to or another player

The Flatgrass Regional Showdown Tournament does not have personal injury insurance that covers my participation. I am responsible for any and all medical expenses arising from my participation, both in practices and games and while travelling to and from these events.

I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, Neenah Soccer Club, its Flatgrass Regional Showdown Tournament, their associated directors, administrators, officers, managers, employees, coaches, trainers, volunteers, sponsors and advertisers, and other agents, estates or executors, from any and all liability incurred in the conduct of, and my participation in, the Flatgrass Regional Showdown Tournament while wearing a cast, splint or similar medically-related non-standard equipment. This includes owners, lessors, and lessees of premises, municipalities, government agencies, successors, heirs, and assigns.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

For those individuals eighteen (18) years of age and older:

_____ _____

Participant's Signature Date Signed

For those individuals under the age of eighteen (18) years (minor):

As the parent and natural guardian or legal guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the participant (player/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

_____ _____

Parent or Guardian Signature Date Signed