

# 5th Annual Brain Tumor Challenge Soccer Tournament

Team Name \_\_\_\_\_

Player Signature

Parent/Guardian Signature

1. _____ Captain	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

**WAIVER:** I, the undersigned/participant, playing in the BTC Soccer Tournament do understand that I, in attending any activity/program or using Civitan Park, do so at my own risk. The BTC Soccer Tournament, Civitan Park, Johnson City, employees, and agents shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by the participant, in or about any activity /program on the premises. Participants assume full responsibility for **all injuries and damages which may occur in or about any activity/program on the premises, and I do fully release The BTC Soccer Tournament, the City of Johnson City, employees, and agents from all claims, demands, damages, rights of action-present or future, resulting from any person's participation. I agree to follow the rules of play set by the Director. I understand that failure to do so may result in suspension from participation.**



American Brain Tumor Association

2720 River Road, Des Plaines, Illinois 60018