



WORLD CUP SOCCER 2017



Official Team Roster Form: Country: _____

Acknowledgment of Risk Statement

I acknowledge that my participation in the Eastern Washington University (EWU) World Cup Soccer Tournament is voluntary and should not participate unless I am properly trained and medically able. I am familiar with the activity and know that during this activity hazards may occur and may result in minor or serious injury, property damage and even death. In consideration of my right to participate in the EWU World Cup Soccer Tournament, I assume all risks of the activity. I recognize and acknowledge that EWU does not provide medical and/or hospital insurance of any kind that will cover me while I am participating in any EWU activity. EWU recommends that I provide my own insurance coverage in case of any injury or damage sustained or caused resulting from my participation the event. I hereby waive and release EWU, the State of Washington, it employees, officers and successors from all claims and liabilities of any kind arising out of my participation in the EWU World Cup Soccer Tournament . This shall also serve as a release, waiver and assumption of risk for all my heirs, executor, and administrators and for all members of my family.

<u>Print Player Name</u>	<u>ID#</u>	<u>Signature</u>
Cpt:		
2)		
3)		
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