



Global Team
Events



PARTICIPATION WAIVER

EVENT INFORMATION (please print)

Name: _____ Date: ____/____/____
Location: _____

PARTICIPANT INFORMATION (please print)

First: _____ Last: _____ DOB: ____/____/____
First: _____ Last: _____ DOB: ____/____/____
First: _____ Last: _____ DOB: ____/____/____

PARENT / GUARDIAN INFORMATION (please print)

First: _____ Last: _____
Street: _____
City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____
Email: _____
Emergency Contact: _____ Cell #: _____

WAIVER INFORMATION:

WAIVER: I certify that my child(ren) is /are in excellent health and are able to participate in physical activity, including soccer. I agree to hold Global Team Events, U.K.Elite Soccer, it's agents, employees clients and contractors harmless from any and all claims for injuries sustained during my child(ren)'s participation in the event. Permission is granted for my child to receive emergency medical treatment.

Accept: Decline: Signed: _____ Date: _____

MEDIA POLICY: I hereby consent to the use of all photographs, videotape or images and recordings that Global Team Events takes during the event for marketing and promotional purposes, including official Global Team Events digital properties, print publications and other official media outlets. I understand that no name, age or participating location of my child(ren)'s likeness will be publicized or connected with any photograph, video or promotional images taken by official Global Team Events staff. I understand that all images are the property of Global Team Events and I hereby waive my right to inspect, claim or approve any images.

Accept: Decline: Signed: _____ Date: _____