



## OHIO GALAXIES TURF FEST LIABILITY RELEASE FORM

I hereby agree that the Ohio Galaxies Turf Fest and the Ohio Galaxies Futbol Club shall not be liable for any injury or loss, which my child(ren) may sustain while participating in this soccer event, and I agree to release, discharge, and / or otherwise indemnify and to hold harmless the organizing soccer group and / or the Ohio Galaxies Turf Fest / Ohio Galaxies Futbol Club from any claim whatsoever. I will not hold any Board Members, Officers, Directors, Agents, Assigns, Sponsors or Coaches responsible for any injury in connection with the Ohio Galaxies Turf Fest and / or the Ohio Galaxies Futbol Club program. I also

understand that athletic trainers are not guaranteed on site and emergencies should be addressed to 911 Emergency. I aver that I am the legal parent or guardian of the participating child and that I have full authority to agree to this Liability Release and Waiver on the child's behalf.

Player's Name	Parent Printed Name	Parent's Signature	Date
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18.			

COACH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COACH SIGNAUTURE: \_\_\_\_\_ DATE: \_\_\_\_\_