Creek Classic

P.O. Box 340003
Beavercreek, OH 45434
937-427-9452
937-427-9465 Fax

Liability Release Form

Team Name: _____ Division: _____

In consideration of the furtherance of your purposes, objectives, and aims, and in consideration of your permitting me to participate in your tournament, on behalf of myself, my heirs, executors, administrators, and assigns, I hereby waive and release any and all rights and claims for damages which I or my child may have against you. Creek Classic, The Beavercreek Soccer Association, City of Beavercreek, as well as any other person, sponsors, organization, or corporation, their heirs, executors, administrators, and assigns who are providing services or assistance as a result thereof.

Players must have the release form signed by a parent or guardian.

Signature of Parent/Guardian	Player's Name	Date
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