

BUTTERBALL SOCCER TOURNAMENT

November 24 - 25, 2023

TEAM ROSTER/WAIVER

Roster signature signifies acceptance of the waiver of liability (attached) on the reverse side of this form

****** MUST BE SIGNED BY ALL PLAYERS AND COACHES ******

TEAM NAME	DIVISION:		
NAME (Print)	SIGNATURE	BIRTH DATE	AGE
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BUTTERBALL SOCCER TOURNAMENT December 24 – 25, 2023

TEAM NAME	
MANAGER	
PHONE NUMBER(S):	
EMAIL ADDRESS	
******	**************
WAIVER	R OF LIABILITY AND MEDICAL CONSENT FORM
grant our consent for pa	ches, players and related individuals do represent the team named above do, hereby rticipation in any and all activities of the Bakersfield Organized Soccer League (BOSL ament, being held on November 24 – November 25, 2023.
transportation to and fro	and all risks and hazards incidental to such participation including, but not limited to m any soccer activities. We hereby agree to release the BOSL, its members, officers y and all claims, damages, or causes of action arising out of or in connection with the activity.
capacity of activity supe surgical or dental examir	paches, assistant coaches, or team members of the above named team, acting in ervisors/vehicle drivers, as agents for the named individuals, to consent to medical nation, treatment, etc. should any named individual be unable to give their own consents. 8 of the California Civil Code.
hereby release and disc arising or growing out of 24 – November 25, 202 physically fit and sufficier	acceptance of my entry, I, for myself, my executors, administrators and assignees, decharge the BOSL and any other sponsors for all claims for damages I may sustain my participation in the BOSL Butterball Soccer Tournament, being held on November 23. I attest and verify that I have full knowledge of the risks in this event and I and another than the participate. Players must provide their own health/accident insurance.
	er on the reverse side of this form signifies acceptance of this waiver of liability.
COACH:	DATE:
MANAGER:	DATE:

Attach this waiver form to the roster