

2021 RELEASE AND WAIVER OF LIABILITY



ALIANZA DE FUTBOL®

He leído la presente responsiva y entiendo que este torneo / programa no tiene cobertura médica y/o de accidentes y estoy participando en la competencia bajo mi propio riesgo (así como los jugadores de la presente lista y/o miembros del equipo). I have read this waiver and understand that the tournament does not provide any kind of insurance or medical coverage for injuries sustained while playing in this tournament / program and I am participating under my own risk. (as well as the players on this list and /or members of my team)

TEAM NAME:		CATEGORY:		DATE:	
#	PLAYER NAME	ADDRES	EMAIL	BIRTHDATE	NAME/SIGNATURE (PARENT OR COACH UNDER 18)
1					
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