2012 University Health Club Coed Indoor Soccer Tournament Entry Form

Name: _________________________________ Gender: □M □F

Address: ______________________________________

City: ___________________ State: _____ Zip: _________

Phone: __________________________

Email: ________________________

Emergency Contact Name/Phone:

__________________________/_____________________

University Health Club Affiliation: □member □non-member

Team Name: ________________________________

*Minors must have written consent of parent or legal guardian
2012 University Health Club
INDOOR SOCCER TOURNAMENT
Saturday, June 2, 2012

PLEASE TYPE OR PRINT CLEARLY

Participant Name: __________________________________________________________

Home Address: ____________________________________________________________

    Street       City       Zip Code

Participant Age: _____ Birthdate:___________________________ Male:_____ Female:_____

LIABILITY WAIVER AND RELEASE/ASSUMPTION OF RISK. I hereby affirm that I am in proper
physical condition to participate in the 2012 University Health Club Indoor Soccer Tournament. In
consideration of my participation in the Indoor Soccer Tournament, I hereby agree to fully assume any and all
risk of personal injury and property damage that may arise from my participation and attendance at the Indoor
Soccer Tournament. I further agree to waive any and all claims for myself and my heirs for personal injury and
property damage, of any kind or character whatsoever, against the Board of Regents of the University of
Oklahoma, its employees, officers, directors and all sponsors and their agents, servants and employees, as well
as all other event location owners and organizations, all participating companies and organizations and
volunteers, hereinafter, collectively referred to as the (“Releasees”), and hereby release the Releasees from all
liability for any such claims of injury or illness which may directly or indirectly arise from, or occur as a result
of my participating in the Indoor Soccer Tournament.

INDEMNITY. In further consideration of acceptance of this entry to participate in and attend the Indoor
Soccer Tournament, I hereby agree to indemnify and hold harmless the Releasees from and against any and all
claims of third parties, including but not limited to fellow employees and members of the public, for personal
injury and/or property damage which may result from or be caused by the undersigned’s intentional, deliberate
or negligent conduct while engaging in and/or attending the Indoor Soccer Tournament. This indemnity shall
survive my participation in and attendance at the Indoor Soccer Tournament.

PERMISSION TO USE NAME AND PHOTO. I understand that while participating in the Indoor Soccer
Tournament I may be photographed by the Releasees or their agents. I hereby grant my permission to the
Releasees the exclusive and free right to tape, broadcast, telecast, video, sell, photograph, record, or use in any
other electronic or mechanical reproduction in connection with the Indoor Soccer Tournament, my name or my
likeness alone or with other persons, together with alterations or edited versions of the foregoing.

CANCELLATION AND START TIME. I understand that the Indoor Soccer Tournament may be canceled in
the sole judgment and discretion, including if unsafe conditions exist for any reason, but not limited to rain,
snow, sleet, hail, lightening, tornado conditions, heat, civil disturbances, strikes or any other circumstances
found to cause unsafe conditions by sponsors.

I further agree that the starting time of the tournament may be changed at the sole discretion of the Releasees.

By signing this form, I acknowledge that I have read this Indoor Soccer Tournament Release Form in its
entirety, fully understand if I am signing as the parent or legal guarding of a minor participant. I accept these
terms and agree to this release on behalf of and in the interest of the minor, and agree with its contents, and fully
accept all of its terms, conditions, and provisions.

Participant Signature:________________________________________Date_________

Parent or Legal Guardian Signature:___________________________Date_________
(if participant is a minor)