

**2016 ISLAMIC CENTER OF SAN GABRIEL AND SCMCO JOINT MASJID FUTSAL TOURNAMENT PLAYER WAIVER (PRINTED, DATED AND SIGNED FORM REQUIRED FOR ALL PARTICIPANTS. THOSE 18 AND UNDER MUST HAVE FORM SIGNED BY PARENT OR LEGAL GUARDIAN)**

WAIVER, RELEASE AND ASSUMPTION OF RISK: In consideration of my participation in the SCMCO Joint FUTSAL Tournament, I, \_\_\_\_\_, (**PRINT NAME**), hereby warrant that I am familiar with the risks associated with a competitive, contact sport such as FUTSAL, and agree to assume all risks involved, including personal injury, death or damages of any kind which may arise out of or relate to my participation in the SCMCO Joint FUTSAL Tournament. I certify that I do not have any medical conditions that would cause participation in a competitive, risky sport such as FUTSAL, to increase the risk of hazard to my health. By signing my name, I do hereby agree to indemnify and hold harmless the **ISLAMIC CENTER OF SAN GABRIEL, SCMCO**, its committee members, volunteers, agents, employees, game officials, sponsors and representatives (hereinafter referred to collective as "SCMCO") from any and all claims or demands, cost or expense arising out of any unforeseen medical conditions that would increase the risk of hazard or cause hazard to my health, personal injury, damages or other losses, whether personal or property, sustained by myself during this tournament, even in the event that such liability arises out of SCMCO's active or passive negligence or carelessness. I certify that I am voluntarily participating in this event, even at the risk of injury and/or death. I hereby certify agree that I will not pursue legal proceedings against SCMCO or its affiliates, nor will I exercise my right to seek damages from SCMCO or its affiliates for any claims arising from personal injury or death caused while participating in the tournament or occupying the event premises. Furthermore, I agree to compensate or reimburse SCMCO for any damages to property caused by me, and I understand that if I am implicated in causing any physical harm or material damage, I realize that SCMCO may pursue the full legal remedies afforded to it by the law against me.

I also consent to the photographing, recording, or reproduction in any other manner of my likeness taken during the event and further authorize SCMCO to make unlimited use of and distribute such reproductions, without future approval, for promotional and/or other purposes. I understand that I will not receive any monetary compensation, now or in the future, for SCMCO's use of images or media of my likeness taken during the event or for any reproductions, and I hereby release and hold harmless SCMCO from any claims that may result from the use of such reproductions.

By signing below, I certify that I have read, understand, and agree to follow the SCMCO rules, and I certify that I have read and agree to the guidelines, bylaws, and all

information contained within this waiver, and execute my signature freely, without duress, and with a complete understanding of its legal effects and consequences.

**Name of Participant:** \_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_

**Emergency Phone Number(s):** \_\_\_\_\_

**Allergies/Special Precautions:** \_\_\_\_\_

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