

## Lindsay's Law Tournament Team Roster Signature Form and Medina Invitational Waiver

I, the parent/guardian of the player(s) agree that I and the player will abide by the rules of the MSA, USYS, US Club, and affiliated organizations and sponsors. Recognizing the possibility of physical injury or illness associated with soccer and in consideration for acceptance of the registrant and participation in the Medina Invitational and associated activities and programs, I hereby release, discharge, and/or otherwise indemnify MSA, USYS, US Club and affiliate organizations and sponsors (including, but not limited to the Medina Invitational Soccer Tournament, the Medina Soccer Association and their officers and volunteers, US Club, USYS, MIST sponsors, the City of Medina, Medina City Schools, and all others assisting in this volunteer event), their employees and associated personnel, including the owners of the fields and facilities utilized for the MIST, against any claim by or on behalf of the player as a result of the player's participation in the MIST and associated activities and programs, and/or being transported to or from the same, which transportation I do so authorize. We, the parent/guardian of the player(s), and the coach of the team, by signing this form hereby certify that the player(s) is/are current USSF/USYS/US Club members in good standing and agree to the above stated terms and conditions.

Fill in this form for the entire team in place of the individual Sudden Cardiac Arrest form and acknowledges each individual has completed the requirements under Lindsay's Law. For more information, please visit the Ohio Department of Health at: <https://www.odh.ohio.gov/en/landing/Lindsay's-Law>

<b>Club and Team Name</b>		<b>Age and Gender</b>	
<b>Team Contact Name</b>		<b>Team Contact Phone</b>	
<b>Team Email</b>		<b>Coach's Name</b>	
<b>Coach Phone</b>		<b>Coach's Signature</b>	

#	Parent/Guardian Name (Print)	Parent/Guardian Signature	Player Name (Print)	Date
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