



2023 CNYC Soccer Tournament

Activity Waiver Form

I, _____ (full name), acknowledge that I have voluntarily chosen to participate representing _____ (Name of team) in the 2023 CNYC Soccer Tournament organized by Colorado Nepal Youth Club (CNYC) on August 26th and 27th.

ACKNOWLEDGEMENT OF RISKS:

I understand that participation in soccer is a physically demanding and potentially dangerous activity that may result in personal injury, including but not limited to, sprains, strains, fractures, dislocations, paralysis, and death. I acknowledge that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others, the condition of the premises, or the negligent acts of the "Released Parties".

ASSUMPTION OF RISK:

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Released Parties or others, and assume full responsibility for my participation and any associated risks.

RELEASE OF LIABILITY:

I hereby release, indemnify, and hold harmless _____ (name of organizer or organization), its officers, officials, agents, and employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct

the event (collectively, the "Released Parties") with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law.

I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted by the laws of the state of Colorado, and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

PHOTOGRAPHY CONSENT:

I grant permission to the Released Parties to use photographs, motion pictures, recordings, or any other record of my participation in this event for any legitimate purpose.

FITNESS TO PARTICIPATE:

I certify that I am physically fit and don't have any physical and mental disabilities that will prevent me from participating in the tournament. I also have sufficiently prepared or trained for participation in this event, and have not been advised to not participate by a qualified medical professional.

UNDERSTANDING OF TERMS:

I have read this waiver and release of liability and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature: _____ Date: _____

Emergency Contact: _____ Phone: _____

(Please have this document witnessed by a third party, if applicable)

Witness Signature: _____ Date: _____