

**HOUSTON COMMUNITY CUP OF NATIONS & YOUTH CUP OF NATIONS
WAIVER AND RELEASE FROM LIABILITY**

In consideration of _____ (“Participant”) being permitted to participate in the Soccer Tournament including without limitation any and all practice sessions, travel to practice sessions or the Tournament, to use the equipment and the facilities (collectively, “Tournament”) provided by the Houston Community Cup of Nations (“Cup of Nations”), which is sponsored by Houston Baptist University (“HBU”), All Nations Sports Academy (ANSA), and Revival Sport Inc. (“RS”), each being Texas nonprofit corporations (collectively, “Sponsors”), I agree to the following:

1. To waive any and all claims for personal injury, including death or illness, property damage, and negligence that I may have against the Cup of Nations and its Sponsors, and their officers, agents, employees, volunteers, and representatives, and any and all individuals and entities acting in concert with them (collectively, “Released Parties”) in any way associated with the Tournament.
2. To release the Released Parties, from any and all liability for any loss, damage, injury, death, medical or expense that I may suffer or that may be caused to suffer as a result of the Tournament.
3. To hold harmless and indemnify the Released Parties for any and all claims, liabilities, and obligations for personal injury or property damage including, without limitation, judgments, attorney's, court costs, and any and all other expenses and costs from any and all claims which are brought by me, or on my behalf that I may suffer.
4. To hold harmless and indemnify the Released Parties for any and all claims, liabilities, and obligations for personal injury or property damage including, without limitation, judgments, attorney's, court costs, and any and all other expenses and costs from any and all third parties.
5. I certify that I have or am covered by adequate insurance to cover any injury or damage to me that may be caused or suffered while participating in the Tournament and/or I agree to bear the cost of any such injury or damage.
6. I certify that I have no medical or physical condition that would interfere with my participation in the Tournament. I acknowledge that there are risks of injury and death associated with my participation in the Tournament. I agree to assume and bear any and all risks that may be created, directly or indirectly, by my participation.
7. Permission is granted to the Cup of Nations, HBU, ANSA, and RS to use or sale photographs taken of me, without remuneration, in any promotional materials and for any and all purposes whatsoever.
8. I acknowledge and agree that Refunds are not guaranteed and that Refunds will be made only in accordance with the sole and exclusive discretion of the Cup of Nations.

I have had sufficient opportunity to read this entire document and to consult an attorney or any other person from which I may wish to receive counsel concerning this release.

I have read and understood this Participant’s Release Agreement and I agree to be bound by its terms. SIGNED AND AGREED TO this ____ day of _____, 20____.

Signature of Participant

Printed or Typed Name of Participant

Signature of Parent/Guardian if participant is under 18 years

Printed or Typed Name of Parent/Guardian