

# WAIVER OF LIABILITY, INDEMNIFICATION, ASSUMPTION OF THE RISK, AUTHORIZATION TO CONTACT EMERGENCY MEDICAL ASSISTANCE, AND PUBLICITY RELEASE FORM

("Participant Agreement")

Club Name	Team Name				
Tournament	Gender/Age	State			
-	coach, manager, or team official that I have read and the full policy of each item can be located in the 'Docu	- · · · · · · · · · · · · · · · · · · ·			
	y verify the score and disciplinary actions of the game card w leaving the field will result in the score and disciplinary action				
	ournament rules; including but not limited to parking policies, pesult in the loss of your team's performance bond, removal fro				
MEDICAL RELEASE WAIVERS: I certify that that is signed by the player's parent and/or gu	a team official is in possession of a current medical release fo ardian.	orm for each rostered player (including guest players)			
	ature of the policy with the insurance company, the cost of insums's application fee less the cost/rate of insurance per team.				
	LITY, INDEMNIFICATION, ASSUMPTION OF RISK, AUTHOR RGENCY MEDICAL ASSISTANCE, AND PUBLICITY RELE				
sponsored now or at any time in the future by one more of the Entities and the facility at which any s	or more events, camps, clinics or other activities (each e or more of the Entities (hereafter defined), and the such Activities are held ("Facility"), the undersigned pardian (collectively the "Participant"), hereby covenant	use of the property, facilities and services of one or rticipant, and if the participant is under the age of 18			
Agreement as a condition of entry into the Facility	nd team officials that are listed on the approved Team and participation in the Activity. The Team will not be ement is signed by all Registrants. This Participant Ag	permitted to enter the Facility or to participate in the			
ASSUMPTION OF RISK / WAIVER OF LIABILITY	/ INDEM NIFICATION AGREEMENT:				
acknowledge that participation in the Activities of emotional injuries, death, damage to property, and property damage, falls, collisions with people and deliberate act of another person. I understand that cannot be eliminated without jeopardizing the ethe Activities includes possible exposure to and may result in serious illness and death. I understate the event an injury or illness occurs during the Activities, and if applicable I give my permission of the Activities, EVEN IF ARISING FROM THE applies, without limitation, to any other risks ento exist at the time of signing this Participant Agents.	will voluntarily register (myself/my child) to participat entails both known and unanticipated risks that count injury to others including, without limitation, the risks stationary objects, the unavailability of emergency must be to such risks are inherent in the Activities and that every essential qualities of the Activities. I also understand illness from infectious diseases including, but not limit and that the Released Parties (hereafter defined) shall trivities. Understanding such dangers and risks, I hereben for my child to engage in the Activities described also expected before, during or after the Activities, whethere the prement, including, but not limited to, driving to or for are held, slips, falls, stairs, exits, entrances, fire and/or	ald result in serious and permanent physical and of physical or emotional injury, sickness, death, nedical care, and/or the negligence and/or en with precautions and safety measures they and specifically acknowledge that participation in ted to, MRSA, influenza, and COVID-19, which I have no obligation to provide medical assistance in by knowingly and voluntarily choose to participate in bove, and (myself/my child) fully assume(s) the risk I acknowledge that this Participant Agreement ther or not the Participant knows or expects them from the Activities, in parking lots or access areas,			
the Activities. I understand that failure to provide in serious injuries or death to (me/my child). I agree to	ealth and that no condition of (mine/my child's) would conformation of any health condition that would constrain bear the costs of any injury or damages (I/my child) may or representatives of any of said Entities, to call for med ion is needed.	(me/my child) from participating could result in y suffer while participating in any Activities. I hereby			
managers or licensees of the Facility, their respect shareholders, sponsors, advertisers, and other rep	rarily releases and forever discharges and covenants notive affiliates, employees, coaches, instructors, assistants or essentatives, and the heirs, personal representatives, NY AND ALL ACTS OF ACTIVE OR PASSIVE NEGLIG	s, officers, directors, owners, members, managers, successors and assigns of all of them (collectively			

## WAIVER OF LIABILITY, INDEMNIFICATION, ASSUMPTION OF THE RISK, AUTHORIZATION TO CONTACT EMERGENCY MEDICAL ASSISTANCE, AND PUBLICITY RELEASE FORM



("Participant Agreement")

PART OF ANY ONE OR ALL OF THE RELEASED PARTIES, and (2) any and all liabilities, claims, causes of action, suits, controversies, judgments, demands, injuries, sickness, damages (consequential, incidental or otherwise), costs, expenses, attorneys' fees, and any other legal, equitable or administrative actions or proceedings whatsoever, in tort, contract or otherwise, known or unknown, accrued or unaccrued, arising out of or related to the Activities, the Facility, the Participant's use of the Facility, the Participant's involvement in the Activities, whether caused by negligence or otherwise, and any other matter or thing whatsoever arising out of or relating to this Participant Agreement, including without limitation, those based on death, physical injury, emotional injury and/or property damage (collectively "Losses"). Participant hereby agrees and shall indemnify, defend (with counsel acceptable to the Entity or Entities subject to liability) and hold each and every one of the Released Parties, jointly and severally, harmless from and against any and all Losses, including, but not limited to, any challenge by the Participant to this Participant Agreement or any provision hereof.

### PUBLICITY RELEASE:

PARTICIPANT HEREBY IRREVOCABLY GRANTS TO THE ENTITIES AND THOSE ACTING WITH THEIR AUTHORITY OR PERMISSION, THE UNRESTRICTED RIGHT TO COPYRIGHT AND USE, RE-USE, PUBLISH, REPUBLISH AND DISPLAY PHOTOGRAPHIC AND VIDEO IMAGES AND AUDIO OF THE PARTICIPANT OR IN WHICH THE PARTICIPANT MAY BE INCLUDED IN CONNECTION WITH ANY ACTIVITIES UNDERTAKEN BY ANY ENTITY, IN WHOLE OR IN PART, SEPARATELY OR IN CONJUNCTION WITH OTHER PHOTOGRAPHS OR VIDEO OR AUDIO, IN ANY MEDIUM NOW OR HEREAFTER KNOWN, AND FOR ANY PURPOSE WHATSOEVER, INCLUDING (BUT NOT BY WAY OF LIMITATION) ILLUSTRATION, ART, PROMOTION, ADVERTISING, TRADE AND/OR ANY OTHER PURPOSE WHATSOEVER, AND TO USE THE PARTICIPANT'S NAME IN CONNECTION THEREWITH. PARTICIPANT HEREBY FURTHER EXPRESSLY RELEASES AND WAIVES ANY DEMAND, ACTION, CLAIM, LICENSE, ROYALTY AND/OR ANY OTHER RIGHT TO ANY FORM OF PAYMENT THE PARTICIPANT MAY HAVE BASED ON CLAIMS AS TO THE RIGHTS OF PRIVACY, PUBLICITY, NOTORIETY AND/OR ANY OTHER RIGHTS ARISING OUT OF OR RELATING TO ANY USE BY ANY ENTITY OR THOSE ACTING WITH THEIR AUTHORITY OR PERMISSION OF THE UNDERSIGNED'S NAME, LIKENESS OR APPEARANCE.

#### GENERAL TERMS:

This Participant Agreement shall be enforced and interpreted under the laws of the State of Maryland except for the conflicts of law provisions of Maryland. The Participant hereby consents to the jurisdiction of the courts of the State of Maryland and the venue for any action arising out of or related to this Participant Agreement shall be in Howard County, Maryland. Should any clause or any part of any clause be determined to be illegal, or unenforceable such clause shall be amended to the smallest degree necessary to render such clause valid and enforceable and the remainder of this Participant Agreement shall not be affected. The introductory statements are incorporated into this Participant Agreement. The Participant hereby seals this Participant Agreement as a specialty, that is, subject to a twelve (12) year statute of limitations. PARTICIPANT EXPRESSLY AGREES THAT THE ASSUMPTION OF RISK, RELEASES, WAIVERS, INDEMNIFICATION, AND OTHER OBLIGATIONS CONTAINED HEREIN ARE INTENDED TO BE COMPLETE, UNCONDITIONAL AND AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF MARYLAND AND ANY OTHER JURISDICTION WHOSE LAWS MAY APPLY TO THIS PARTICIPANT AGREEMENT. THIS PARTICIPANT AGREEMENT CANNOT BE AMENDED BY ANY ORAL STATEMENTS OR OTHER WRITINGS AND IS BINDING ON THE PARTICIPANT AND THE PARTICIPANT'S HEIRS, SUCCESSORS, GUARDIANS, LEGAL REPRESENTATIVES, AND ASSIGNS. A FAXED, SCANNED OR ELECTRONIC SIGNATURE SHALL BE BINDING IN LIEU OF THE ORIGINAL.

THIS PARTICIPANT AGREEMENT IS EFFECTIVE FROM THE DATE OF SIGNATURE AND APPLIES TO ALL ACTIVITIES OF THE ENTITIES THAT THE PARTICIPANT ATTENDS OR PARTICIPATES IN AT ANY TIME IN THE FUTURE AND SHALL SURVIVE FOR THE LIFETIME OF THE PARTICIPANT. HOWEVER, IF PARTICIPANT IS A MINOR, IT MUST BE RESUBMITTED (1) UPON THE PARTICIPANT TURNING 18, OR (2) IF THE GUARDIAN OF THE PARTICIPANT CHANGES.

## PARTICIPANT WAIVES TRIAL BY JURY IN ANY ACTION OR PROCEEDING ARISING OUT OF OR RELATED TO THIS PARTICIPANT AGREEMENT.

The term "Entity" or "Entities" means in each case, individually and collectively, the following and all of their affiliates, parents, subsidiaries, and trade names, and the successors and assigns of all of them, whether or not expressly set forth by name herein, as may exist from time to time: (a) Championship Tournaments, LLC, a Maryland limited liability company; (b) Elite Tournaments; (c) any third party that engages Elite to manage or promote an Activity or Activities.

## FOR PARTICIPANTS OF MINORITY AGE (WHO WILL BE UNDER AGE 18 AT THE TIME OF THE ACTIVITY):

This is to certify that I, as parent/guardian, with legal responsibility for the Participant, have read and explained the provisions in this Participant Agreement to my child/ward, including the risks of presence and participation in the Activities and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I, for myself, my spouse, and child/ward do consent and agree to this Participant Agreement, and myself, my spouse, and child/ward do release and agree to the terms and conditions of this Participant Agreement including, but not limited to, to indemnify and hold harmless the Released Parties for any and all Losses incident to my minor child's/ward's presence or participation in the Activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

[signatures appear on the following page(s)]



## WAIVER OF LIABILITY, INDEMNIFICATION, ASSUMPTION OF THE RISK, AUTHORIZATION TO CONTACT EMERGENCY MEDICAL ASSISTANCE, AND PUBLICITY RELEASE FORM

I, THE UNDERSIGNED, ON BEHALF OF MYSELF AND MY PARTICIPATING CHILDREN OR GUARDIANS, HAVE READ THIS PARTICIPANT AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCMENT

### TEAM INFORMATION:

Club Name	Age	U
Team Name	Gender	
Tournament Name	State	
Head Coach Printed Name	Team Contact/ Manager Printed Name	
Head Coach Signature	Team Contact/ Manager Signature	

## **Coaches Certification**

By signing above, in addition to agreeing to be bound by this Participant Agreement, I certify that each person that will be participating in the Activities to which this Participant Agreement applies, or if applicable the parent or guardian, has been provided with a copy of this Participant Agreement and has signed below agreeing to be bound by its terms. I agree to indemnify and hold harmless the Released Parties from any Losses as a result of the failure of this Certification to be true.

For the Southampton Cup – Baltimore the chart has been amended to include an email provided for players for selection for the 2024 Southampton Tours. We ask that all players are provided with a direct email for invitations to be sent. If an email is not provided, they will not be used in the selection process.

Please use the following form to list all players, coaches, and team officials.

A signature is required for all persons listed. Please use a second form if more space is needed.

	Participant's Printed Name	Indicate 'Player', 'Coach', or 'Team Official'	Jersey # (if player)	Participant's Signature (parent/guardian if under 18 years old)	Player Email
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Please use the following form to list all players, coaches, and team officials.

A signature is required for all persons listed. Please use a second form if more space is needed.

14				
15				
16				
17				
18				
19				
20				
21				
22				
G1*				
G2*				
G3*				
<mark>G4*</mark>				
<mark>G5*</mark>				
	•	-		