2024 Hopewell Cup Team Waiver

(Must be read, understood, completed and submitted with check in materials)

TEAM NAME:	AGE GROUP:	GENDER:

PLAYER'S NAME	PARENT/ GUARDIAN SIGNATURE	DATE
COACH'S NAME	SIGNATURE	DATE

The parents/ legal guardians of the minor children/ players for the team listed above, by signing this waiver form, hereby voluntarily release, waive, relinquish, and discharge the Hopewell Cup and Newark Area Soccer Association and their officers, directors, representatives, volunteers, and agents from any and all liabilities, claims, suits, actions, or causes of actions (whether anticipated or unanticipated) arising out of any and all actions, injuries, death or damages of any nature incurred while participating in, or travelling en route to, and from the Hopewell Cup. The terms of this release and waiver are applicable to all Hopewell Cup games and activities, and all off the field actions while participating in the Hopewell Cup. The team referenced above is solely responsible for its own medical insurance for the players listed on this form and shall hold harmless the above organizations from any and all claims arising from their participation whatsoever.

TEAM REP:	SIGNATURE:	DATE:

NO PLAYER WILL BE ALLOWED TO PARTICIPATE IN HOPEWELL CUP WITHOUT A VALID WAIVER SIGNATURE ON FILE