

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT/CONSENT
FOR MEDICAL TREATMENT**

In consideration of being allowed to participate in the **Gramatica Family Foundation Soccer Tournament**, I hereby release, waive, discharge and covenant not to sue Gramatica Family Foundation, Bill and Martin Gramatica, University of South Florida, The Hall of Fame Fund, Inc. and/or Player Management Group, LLC or any of their agents, or employees (hereinafter collectively referred to as the "Releasee") from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, whether caused by the negligence of the Releasee, or otherwise, while participating in this tournament, or while in, on or upon the premises where the tournament is being conducted.

I am fully aware of risks and hazards connected with this tournament. I voluntarily agree to assume full responsibility for any risk of loss, property damage or personal injury, including death, that may be sustained by me/my child, or any loss or damage to property owned by me/my child as a result of my child's being engaged in the tournament's activities, whether caused by the negligence of Releasee, or otherwise. I further hereby agree to indemnify and hold harmless the Releasee from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to my/my child's participation in the tournament, whether caused by negligence of Releasee or otherwise.

I understand and agree that the Releasee has arranged for medical personnel (through the University of South Florida) at the location of the activities. I grant my permission for the Releasee to authorize emergency medical treatment on location, and/or emergency transportation to an emergency care facility if necessary. I understand and agree that the Releasee assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized medical treatment. I understand that the Releasee does not provide accident/health insurance for activity participants, and I assume personal and financial responsibility for any such medical care and treatment.

It is my expressed intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named Releasee. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Florida. In signing this release, I acknowledge and represent that I am the Parent or Legal Guardian of the child/children listed below and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this release as authorized Parent or Legal Guardian for the child(ren) listed below for full, adequate and complete consideration fully intending to be bound by same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Dated this _____ day of _____, 2005.

Parent/Guardian's Printed Name/Contact Phone: _____

Parent/Guardian's Signature: _____

(Insurance Information--Required if Parent/Guardian will not be present during Tournament)

Children's Name(s)	Age	Provider/Primary Insured/Policy #
_____	_____	_____
_____	_____	_____

KNOWN ALLERGIES _____

DATE OF LAST TETANUS BOOSTER _____

IN CASE I CAN NOT BE REACHED THE FOLLOWING PERSONS IS DESIGNATED TO ACT ON MY BEHALF:

Coach Name: _____ Assistant Coach Name: _____

League Rep.: _____ yes _____ no Tournament Director: _____ yes _____ no

Other: _____

NOTARY: _____