



**2020 OHIO GALAXIES COLLEGE SHOWCASE  
LIABILITY RELEASE FORM**

I hereby agree that the Ohio Galaxies College Showcase and the Ohio Galaxies Futbol Club shall not be liable for any injury or loss, which my child(ren) may sustain while participating in this soccer showcase event, and I agree to release, discharge, and / or otherwise indemnify and to hold harmless the organizing soccer group and / or the Ohio Galaxies College Showcase / Ohio Galaxies Futbol Club from any claim whatsoever. I will not hold any Board Members, Officers, Directors, Agents, Assigns, Sponsors or Coaches responsible for any injury in connection with the Ohio Galaxies College Showcase and / or the Ohio Galaxies Futbol Club program. I also understand that athletic trainers are not guaranteed on site and emergencies should be addressed to 911 Emergency. I aver that I am the legal parent or guardian of the participating child and that I have full authority to agree to this Liability Release and Waiver on the child's behalf.

**Also, by signing this I hereby acknowledge that I have viewed the Ohio Department of Health Video pertaining to Sudden Cardiac Arrest and have reviewed the Ohio Dept of Health Sudden Cardiac Arrest handout. All Coaches must also sign the liability release below verifying that they have watched the SCA video and reviewed the handout.**

Player's Name	Parent Printed Name	Parent's Signature	Date
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2.			
3.			
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18.			

COACH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COACH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**2020 OHIO GALAXIES COLLEGE SHOWCASE  
LIABILITY RELEASE FORM  
(OVER 18 YEARS OLD)**

I hereby agree that the Ohio Galaxies College Showcase and the Ohio Galaxies Futbol Club shall not be liable for any injury or loss, which I may sustain while participating in this soccer showcase event, and I agree to release, discharge, and / or otherwise indemnify and to hold harmless the organizing soccer group and / or the Ohio Galaxies College Showcase / Ohio Galaxies Futbol Club from any claim whatsoever. I will not hold any Board Members, Officers, Directors, Agents, Assigns, Sponsors or Coaches responsible for any injury in connection with the Ohio Galaxies College Showcase and / or the Ohio Galaxies Futbol Club program. I also understand that athletic trainers are not guaranteed on site and emergencies should be addressed to 911 Emergency. **Also, by signing this I hereby acknowledge that I have viewed the Ohio Department of Health Video pertaining to Sudden Cardiac Arrest and have reviewed the Ohio Dept of Health Sudden Cardiac Arrest handout. All Coaches must also sign the liability release below verifying that they have watched the SCA video and reviewed the handout.**

Player's Name	Player's Signature (Must Be Over 18 Years Old)	Date
1.		
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COACH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COACH SIGNAUTURE: \_\_\_\_\_ DATE: \_\_\_\_\_