

Oshkosh United Soccer Club Tournament Cast Form

Player Equipment: Authorization to Play while wearing a cast, splint or similar medically-related non-standard equipment and Player Waiver

Before you consider playing with a cast please consult your doctor to see if it is feasible/advisable to play soccer with a cast on.

Player's Name & Player's Pass # (if applicable)

Player's Date of Birth

Player's Club and Tournament Team

The Laws of the Game do not prohibit the wearing of a cast. However a player may not wear anything that is dangerous to any player, including the player him/herself. Whether the article is dangerous is left to the sole discretion of the Tournament Committee.

Many, if not most, referees will allow a player to play with a hard cast if the cast is well padded and the player does not use the cast in a way that is dangerous.

Laws of the Game, Law 5, Uniform and Equipment: Casts are not allowed

Laws of the Game, Law 9, section b, The Referee: ensures that the players' equipment meets the requirements of Law 5.

If a player participating in the Tournament wears a cast, a splint, or any other similar medically related nonstandard equipment, he or she must obtain permission to participate prior to his or her first game of the tournament from the Tournament Committee via completion of this form. Casts must be padded with a closed cell slow recovery foam. Padding no less than ½ thick and approved by onsite trainers.

Tournament Committee Authorization:

By signing below, the Tournament Committee gives authorization for the player above to participate and compete in Tournament while wearing this nonstandard equipment with the safety measures described below, if applicable.

Description and conditions, if applicable:

Tournament Director

Date

Referee Assignor

Date

Player Waiver:

PARTICIPANT'S NAME (type or print):

PARTICIPANT'S DATE OF BIRTH (mm/dd/yyyy):

I, the undersigned, in consideration for my voluntary participation in the Tournament, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

I have obtained written permission from my doctor permitting me to participate in contact sports, and have attached that to this form. I assume all risks and hazards associated with my participation in the Tournament, and acknowledge that I am playing with a cast, splint or similar medically-related non-standard equipment. I have requested approval from the Tournament Committee to participate in the Tournament while wearing a cast, splint or similar medically-related non-standard equipment. I believe that I can participate as a soccer player in the Tournament while wearing a cast, splint or similar medically-related non-standard equipment, and that my participation will not be dangerous to myself or to another player.

The Tournament does not have personal injury insurance that covers my participation. I am responsible for any and all medical expenses arising from my participation, both in practices and games and while traveling to and from these events.

I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, Oshkosh United Soccer Club, the Tournament, their associated directors, administrators, officers, managers, employees, coaches, trainers, volunteers, sponsors and advertisers, and other agents, estates or executors, from any and all liability incurred in the conduct of, and my participation in, the Tournament while wearing a cast, splint or similar medically-related non-standard equipment. This includes owners, lessors, and lessees of premises, municipalities, government agencies, successors, heirs, and assigns.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

For those individuals eighteen (18) years of age and older:

Participant's Signature

Date Signed

For those individuals under the age of eighteen (18) years (minor):

As the parent and natural guardian or legal guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the participant (player/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I

represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

Parent or Guardian Signature

Date Signed