Lowndes 7v7 Viking Cup

On behalf of the school/organization written below, I represent that my players have permission to participate in the Lowndes Viking Cup 7v7 Soccer Tournament on Saturday, June 27, 2026. I realize that by participating in this tournament, my players may be injured. I certify that my players are physically able to participate in this tournament.

EMERGENCY CONTACT INFORMATION ON HAND FOR PLAYERS: I attest that I will have access to each of my players' emergency contact information in the event of an accident, injury, sickness, etc.

WAIVER: In consideration of my players' participation in this tournament I do hereby for myself, heirs, executors, administrators, and assignees release and forever discharge the tournament sponsors, coaches, and all those persons involved in organizing and administering this tournament from all claims, demands, damages, actions, causes of action, or suits of action or suits of whatsoever kind or nature arising out of my players participation in this tournament.

SCHOOL/ORGANIZATION: _____

COACH'S NAME: _____

COACH'S SIGNATURE: _____

and contact number: _____

DATE: _____ **12 player Roster**
