Team Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby, for myself, executors, administrators, heirs and above assignees, release the Black Hills Rapids Soccer Club, Tournament Officials, the South Dakota Youth Soccer

Association, Rushmore Plaza Civic Center, and St. Paul’s Lutheran Church from all responsibilities resulting from any and all injuries sustained while participating in or attending this tournament. I further agree to abide by the rules and regulations of the tournament and the COVID-19 best practices put into place.

*All coaches: This form is required to be signed and uploaded on GotSoccer for online check-in along with the player passes, official state roster, guest player form(s), and travel papers (for out of state teams).*

Coach's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Coach or Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

*By registering, attending, and entering the event facilities, all participants, including, but not limited to, coaches, players, parents, spectators, event staff, vendors, partners, medical staff, referees, and administrators agree to follow all national, state, local, SDYSA, and BHR guidelines, and assume all responsibility of risk in attending the Winter Classic 2021 Tournament. The understanding of the risk and agreeing to not indemnify BHR or its staff and volunteers nor hold them responsible for any sickness or health condition that may result from attending the event.*