

TIU Soccer “Midnight Classic” Liability Waiver

I give _____ my permission to participate in the Trinity International University Soccer Program’s “Midnight Classic” indoor soccer tournament on February 14-16, 2008. I hereby release Trinity International University from all responsibility for any injury/bodily harm suffered by my son or daughter during this event, taking full responsibility for any/all medical services and insurance coverage required.

Parent/Guardian Signature

Date

*****Along with this form, please include a photocopy of *both the front and back of your primary carrier’s insurance card*. Feel free to contact me with any questions: 847-317-7057. Thank you!**

Please complete fully and return by mail to:

Paul Brohman
Athletic Recruit Coordinator
Trinity International University
2065 Half Day Road
Deerfield, IL 60015

Fax: 847.317.8097