



## 2026 MLK Futsal Cup Team Waiver

**Event Dates: 1/18/26 – 1/19/26**

Location: Silver Spring, MD

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

Coach Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY** The undersigned team coach, on behalf of the team listed below, desires to participate in the 2026 MLK Futsal Cup (the “Event”) and acknowledges that participation in this event involves risk of injury, including but not limited to serious bodily injury, permanent disability, or death, and property damage. By signing this form, the coach represents that all players listed below are voluntarily participating and that the coach has obtained parental or guardian consent for all minors.

In consideration of being permitted to participate, the team and its members hereby agree as follows:

1. **Release** – The team, its players, coaches, parents, and guardians release and hold harmless DCXI Project, its officers, directors, employees, volunteers, sponsors, and agents from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by any participant while participating in the Event.
2. **Medical Treatment** – The team authorizes Event organizers to seek medical treatment for any player in the event of injury or illness during participation. The team acknowledges responsibility for all medical expenses incurred.
3. **Assumption of Risk** – The team and its members acknowledge and understand that futsal involves inherent risks, including the risk of serious injury, and voluntarily assume all such risks.
4. **Code of Conduct** – The team agrees to abide by all rules, regulations, and instructions of the Event organizers. Violation may result in removal from the Event without refund.
5. **Photography & Media Release** – The team grants permission to DCXI Project to use photographs, videos, or other media taken during the Event for promotional purposes without compensation.

## TEAM ROSTER & PLAYER CONSENT

## # | Player Name

| Date of Birth |

Parent/Guardian (if under 18)

### Signature

Coach Acknowledgment: I, the undersigned coach, certify that I have obtained consent from all parents or guardians of minor players listed above and that all players have read (or had read to them) and understood the waiver and release terms.

Coach Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_