DR PEPPER DALLAS CUP XXXVII
REFEREE LIABILITY RELEASE AND INDEMNITY AGREEMENT

I desire to participate as a referee at the **Dr Pepper Dallas Cup XXXVII, March 20-27, 2016** the international youth soccer tournament ("**Dallas Cup**") of the Dallas Cup, Inc., a Texas non-profit corporation, at Dallas, Texas, USA. I acknowledge that refereeing soccer matches poses a risk of injury to me, and others, and I expressly assume that risk of injury. I am signing this Release and Indemnity Agreement to induce the Dallas Cup officials to allow me to officiate soccer matches during the tournament. By my signature below, I certify and confirm that I am physically fit and able to officiate any and all soccer matches that are assigned by Dallas Cup tournament officials. Further, I hereby release, and agree to fully indemnify and hold the Dallas Cup, Inc. and Dallas Cup, North Texas State Soccer Association, and the members, directors, officers, employees, volunteers, vendors, insurers, attorneys, and agents of Dallas Cup Inc. and Dallas Cup, North Texas State Soccer Association and Commercial Partners. ("***Indemnitees***") harmless from any and all claims, demands, actions, causes of action, losses, damages, or liability whatsoever (including, without limitation, all expense of litigation, court costs, and attorneys' fees) for any injury to or death of the undersigned or to any other person whatsoever. Without limiting the scope of the foregoing, this Release and Indemnity Agreement specifically includes any and all claims in any way arising out of or related to my participation in the Dallas Cup, including, without limitation, my officiating any Dallas Cup soccer match, and any claims for medical expenses, pain and suffering, physical disfigurement, mental anguish, emotional distress, loss of consortium, or for lost wages, or any injury to any property received or sustained by any person or property, **EVEN IF SUCH CLAIM IS BASED ON A CLAIMED NEGLIGENT ACT OF ANY OF THE INDEMNITEES.** Further, I agree that the Dallas Cup, Inc. has no right of control or influence on the safety or security of the premises on which the soccer matches occur or any person or property entering onto such premises.

I understand and agree that the Indemnitees, collectively or individually, do not assume any financial responsibility for any medical services and/or treatment incurred by the undersigned, or provided by any hospital, physician, or any other health care provider.

Further: (i) I hereby certify that I am covered for illness and/or injury (including without limitation illness and/or injury occurring in the USA) by medical insurance provided by:

Name of Insurance Company _____ Policy Number _____

Address of Insurance Company _____

City _____ State or Country _____Postal Code _____

(ii) if I did not complete (i) immediately above, I hereby certify that I am not covered by medical insurance nor by medical insurance that provides coverage for illness and/or injury occurring in the USA, and I agree that I am fully responsible in all respects, including, without limitation, any financial obligations, for any medical services/treatment rendered for illness/injury suffered by me before, during, or after the **Dr Pepper Dallas Cup XXXVII, March 20-27, 2016** in Dallas, Texas, USA.

_____ ___ **/ / 20**_____

Print Full Name | Signature of Referee | Date of Signature

_____

Residence Address | City, County, State and Country

_____

E-mail

_____

Referee Date of Birth

I am a duly registered referee for the soccer year that includes **Dallas Cup XXXVII** in _____

Country | State