

2026 Father Christmas Cup, Inc. – Participation Waiver
Saturday, December 12th, 2026 at Silverbacks Park, Atlanta, GA

Waiver/Release/Assumption of Risk/Indemnification Agreement

Team or Group Name: _____

Team Manager's Last Name: _____

In consideration of participating in any way in the Father Christmas Cup, Inc. event, the Participants hereby acknowledge, recognize and assume the risks involved in the event, including the possibility of serious physical injury, disability or death associated with soccer as a direct participant, volunteer or spectator. Participants expressly assume the risk of and accept full responsibility for any and all losses which may result from attending or participating and release from liability Father Christmas Cup, Inc. and its officers, directors, agents, associates, representatives, event partners and sponsors, event staff and volunteers ("Releasees").

Father Christmas Cup, Inc. is hereby authorized to utilize, publish and disseminate any photographs taken of Participants in its exclusive promotional materials.

I HEREBY WAIVE ANY CLAIM I MAY HAVE AS A RESULT OF MY PARTICIPATION IN THE ABOVE REFERENCED EVENT. I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS FATHER CHRISTMAS CUP, INC. AND ALL RELEASEES AGAINST ANY AND ALL CLAIMS, INCLUDING ATTORNEY'S FEES AND COSTS, WHICH MAY BE BROUGHT AGAINST ANY OF THEM BY ANYONE CLAIMING TO HAVE BEEN INJURED, DAMAGED OR HARMED AS A RESULT OF MY PARTICIPATION IN THE EVENT.

I/WE HAVE READ THE ABOVE AGREEMENTS AND UNDERSTAND THAT I/WE GIVE UP CERTAIN RIGHTS BY VOLUNTARILY SIGNING IT AND I/WE NEVERTHELESS DO SO.

Please complete information and signatures on the reverse side of this form.

2026 Father Christmas Cup Registration & Waiver Form

I/WE HAVE READ THE REFERENCED ***Waiver/Release/Assumption of Risk/Indemnification Agreements*** AND UNDERSTAND THAT I/WE GIVE UP CERTAIN RIGHTS BY VOLUNTARILY SIGNING IT AND I/WE NEVERTHELESS DO SO.

THIS IS A RELEASE OF LIABILITY. IF PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED. I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENTS, AND UNDERSTAND THAT I AM GIVING UP CERTAIN RIGHTS BY VOLUNTARILY SIGNING IT.

	Name of Participant or Attendee	**Birth Date**	**Name of Parent / Guardian**	**Signature of Adult**
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