

SOCCER CONNECTS - PLAYER WAIVER FORM

This form must be completed for each soccer player (participant) and, if the player is under 18-years old, must be signed by the player's parent or legal guardian. No player will be allowed to participate without this form, properly executed, and on file.

PLAYER'S NAME (type/print): _____ DATE OF BIRTH (mm/dd/yyyy): _____

PARENT'S NAME: _____
PARENT'S PHONE: _____ PARENT'S EMAIL: _____

SCHOOL: _____ COACH'S NAME: _____ COACH'S PHONE#: _____

I, the undersigned, in consideration for my voluntary participation in pick-up soccer, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

I will not compromise myself in such a way as to do harm to myself or others, knowing that players may be dismissed from participation, for violent conduct or unsportsmanlike behavior on or off the field of play. I agree to pay for any and all damages to any property or indemnities caused by me willfully, negligently, or otherwise.

Soccer is a sport that involves the risk of injury. I assume all risks and hazards associated with my participation in the sport. I am in proper physical condition to participate in soccer practices and games and have no illness, disease or existing injury or physical defect that would be aggravated by my participation. I will inform my coach if this status changes. I further acknowledge that this risk may involve loss or damage to me or my property, including the risk of death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care.

This program does not have personal injury insurance that covers my participation. Therefore, I should have a current, active, personal injury insurance policy in force, which covers my participation. Under any condition, I am responsible for any and all medical expenses arising from my participation. Participation assumes consent.

I authorize my photograph, picture or likeness, and voice to appear in any documentary, promotion (including advertising), television, video, or radio coverage of the program, without compensation.

I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, Soccer Connects LLC, the Shaw Center, or any associated employees, coaches, trainers, volunteers, sponsors and advertisers, and other agents, estates or executors, from any and all liability incurred in the conduct of, and my participation in, their soccer programs. This includes owners, lessors, and lessees of premises, municipalities, government agencies, successors, heirs, and assigns.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

For those individuals eighteen (18) years of age and older:

Participant's Name (PRINT) Participant's Signature Date Signed

For those individuals under the age of eighteen (18) years (minor):

As the parent/ guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the participant (player/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

Parent/Guardian Name (PRINT) Parent/Guardian Signature Date