WAIVER AND RELEASE FROM LIABILITY

I acknowledge that soccer or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury or property loss. I recognize that I may be asked to practice for, participate in, and travel to and from soccer events on behalf of the team and I HEREBY ASSUME THE RISK OF PARTICIPATION IN THE SOCCER EVENT.

I agree that prior to participating, I will inspect the facilities and equipment to be used, and, if I believe anything is unsafe, I will immediately advise the coach or supervisor of such condition(s) and refuse to participate.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: (a) I WAIVE, RELEASE AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my participation in, or my traveling to or from the soccer event, THE FOLLOWING PERSONS OR ENTITIES: U.S.A.S.A., the W.P.S.L., the team for which I play: the team owner(s), Sponsors; Players; Coaches; and the officers, directors, employees representatives and agents of any of the above; (b) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and (c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT VOLUNTARILY.

DATE_____ PLAYER'S SIGNATURE_____

FOR MINORS ONLY

I AM UNDER THE AGE OF EIGHTEEN (18) YEARS. MY PARENT/GUARDIAN HAS READ COMPLETED THE SECTION BELOW.
(If the applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.)
The undersigned, _____ (parent/guardian) the parent and natural guardian or legal guardian of _____ (minor's name) hereby the forgoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor in the execution of the Waiver and Release.
I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of, or relating to the Soccer event. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor.

DATE: _____

_____ _____
PARENT/GUARDIAN SIGNATURE RELATIONSHIP TO MINOR

_____
MINOR PLAYER'S SIGNATURE