

ULTIMATE SOCCER

Amateur Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in ULTIMATE SOCCER athletics/sports programs, and related events and activities, the undersigned:

1. Agrees that the parent(s) and or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assumes all the forgoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
4. Releases, waives, discharges and covenants not to sue ULTIMATE SOCCER, its affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization; other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of the premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all claims, property, caused or alleged to be in whole or in part by the negligence of the releases or otherwise.
5. In addition, I acknowledge that ULTIMATE SOCCER recommends that my minor wear the necessary protective equipment. If myself and my minor decide not to wear said protective equipment, we acknowledge that ULTIMATE SOCCER will not be held responsible for any injury, permanent total disability or death which occurs from not wearing them.

I have read the above waiver and release, understand that I have given up substantial rights by signing it and sign it voluntarily.

Signature-Parent or Guardian

Print-Parent or Guardian

Printed name of Participant

Participant Date of Birth

Address

Phone Number

City

Zip

Today's Date