

**SOCCER HOUSE, L.C.  
WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the Soccer House, L.C. athletics/sports program, and related events and activities, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition (s) and refuse to participate.
2. Acknowledge and fully understand 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, inaction's or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive discharge and covenant not to sue Soccer House, L.C. it's 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 leaser's of premises used to conduct the event, all of which are hereinafter refereed to as "releases:", from demands, losses or damages on account of injury, including death or damage to property, caused or to be caused in whole or in part by the negligence if the release or otherwise.

**BY SIGNING ON THE ROSTER YOU HAVE READ THE ABOVE WAIVER AND RELEASE  
AND UNDERSTAND THAT YOU HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING  
AND HAVE SIGNED IT VOLUNTARILY.**

<b>1. Participant (PRINT):</b>	Birthdate:
Address:	City/Zip:
E-Mail (optional):	Phone:
<b>SIGNATURE</b> (parent/guardian if under 18)	Date:
<b>2. Participant (PRINT):</b>	Birthdate:
Address:	City/Zip:
E-Mail (optional):	Phone:
<b>SIGNATURE</b> (parent/guardian if under 18)	Date:
<b>3. Participant (PRINT):</b>	Birthdate:
Address:	City/Zip:
E-Mail (optional):	Phone:
<b>SIGNATURE</b> (parent/guardian if under 18)	Date:
<b>4. Participant (PRINT):</b>	Birthdate:
Address:	City/Zip:
E-Mail (optional):	Phone:
<b>SIGNATURE</b> (parent/guardian if under 18)	Date:
<b>5. Participant (PRINT):</b>	Birthdate:
Address:	City/Zip:
E-Mail (optional):	Phone:
<b>SIGNATURE</b> (parent/guardian if under 18)	Date:
<b>6. Participant (PRINT):</b>	Birthdate:
Address:	City/Zip:
E-Mail (optional):	Phone:
<b>SIGNATURE</b> (parent/guardian if under 18)	Date:
<b>7. Participant (PRINT):</b>	Birthdate:
Address:	City/Zip:
E-Mail (optional):	Phone:
<b>SIGNATURE</b> (parent/guardian if under 18)	Date: