



Shelbyville Indoor Soccer

120 Sunlite Rd Shelbyville TN 37160 931 273 1148 or Text to 931 205 3613

Player Registration form, Waiver and Release of Liability

PLAYER NAME: _____ DOB: _____

ADDRESS _____ CITY _____ ZIPCODE _____

MOTHER PHONE # _____ FATHER PHONE# _____

EMAIL ADDRESS _____ ALTERNATIVEPHONE# _____

2 EMERGENCY CONTACT INFORMATION :

Other than parents	Relationship	Phone	Cell Phone
1- _____	_____	_____	_____
2.- _____	_____	_____	_____

This form must be completed and signed by each person who desires to participate in SHELBYVILLE INDOOR SOCCER. In consideration of being allowed to participate in any of the Soccer Programs and related events and activities, the undersigned acknowledges and agrees as follows:

I, _____, hereby covenant not to sue and release, hold harmless, and forever discharge SHELBYVILLE INDOOR SOCCER or any co-sponsoring entities of the Programs, all of their officers, directors, members, agents, and/or employees, and any and all sponsors, officials, volunteers, and other participants of the Programs (collectively, the "Releases") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or any property belonging to me, whether arising from negligence of any of the Releases, or otherwise, while participating in the Programs.

The risk of injury from the activities involved in the Programs is possible, including the potential for serious bodily injury, death, and property damage. I am fully aware of the risks and hazards associated with participating in this activity and I voluntarily, without any inducement, elect to participate. I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISKS, BOTH KNOWN AND UNKNOWN, AND ASSUME FULL RESPONSIBILITY FOR ANY PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME AS A RESULT OF BEING ENGAGED IN SUCH ACTIVITY.

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will cease participating and bring such hazard to the attention of the nearest official immediately. In the event that I am unable to do so because of an injury or illness, I hereby consent to the administration of first aid or other medical treatment. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment. I understand that all participants in the Programs are required to have their own medical insurance coverage, and that neither SHELBYVILLE INDOOR SOCCER or any other sponsoring entity provide such coverage.

I hereby voluntarily and without compensation authorize visual images and/or voice recordings to be made of me by or on behalf of SHELBYVILLE INDOOR SOCCER, and other sponsoring entities during the Programs. I also authorize the foregoing entities and their assigns to reproduce, modify, publicize, broadcast and display any such visual images or voice recordings, with or without my name, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my image, name or voice.

I hereby covenant not to sue and release the Releases and their employees, contractors, licensees and assigns from and against any and all claims that I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other cause of action arising out of the use, adaptation, reproduction, distribution, broadcast, or exhibition of my likeness, name or voice.

This covenant not to sue, release and hold harmless agreement is binding on me, my heirs, assigns, personal representatives, administrators, and next of kin.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT, I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

PARENT SIGNATURE _____ DATE _____

PLAYER SIGNATURURE : _____ DATE _____