



School of Soccer

1128 Liku Street

Kailua, Hawaii 96734

Phone: 808-679-5858

Email: admin@schoolofsoccer.com

Website: schoolofsoccer.com

Waiver and Release of Liability: Read before signing

In consideration of being allowed to participate in any way in the School of Soccer athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

Soccer is a physical, contact, 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. I will wear properly-fitted and appropriate shoes, and other protective equipment (e.g., mouth-pieces), as provided by soccer rules, to all events.

The School of Soccer LLC 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, both in practices and games and while travelling to and from these events. I have the right and responsibility to inspect the equipment and facilities prior to events and, if I believe that anything may be unsafe, I will advise the coach or supervisor of the condition and may refuse to participate. Participation assumes consent.

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, 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 remove myself from participation and bring it to the attention of the nearest School of Soccer official.

I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, the School of Soccer LLC, their associated directors, administrators, officers, managers, 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, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the School of Soccer officers, officials, coaches, trainers, volunteers, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of

premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I have completely read this release of liability and assumption of risk agreement, fully understand its contents and terms. I acknowledge that I understand I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement. 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 First Name	Participant Last Name	Participant Signature	Date

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

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

_____	_____	_____	_____
Parent/Guardian First Name	Parent/Guardian Last Name	Parent/Guardian Signature	Date

CONTACT INFORMATION

Player Information:

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____

Date of Birth: _____

Club Team: _____

Primary Position: _____

Parent or Guardian Information:

Relationship to Player: _____

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____

Parent or Guardian Information:

Relationship to Player: _____

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____