



Participant Release of Liability

Read Before Signing

In consideration of being allowed to participate in any Warner Sports Promotions, Inc, program related event, or activities, I, _____, acknowledge, understand, and agree that:

1. I understand that the risk of injury from playing soccer and participating in the Warner Soccer Super Six League is significant and include the potential for permanent paralysis and death. While particular rules, equipment and personal discipline may reduce this risk, I understand that risk of serious injury does exist;

2. I willingly agree to comply with the stated and customary terms and conditions for participation and shall follow the Player Code of Conduct. If, I observe any unusual or significant hazard during my presence at the Meadows Soccer Complex or my participation in the Warner Soccer Super Six League, I will immediately remove myself from participation and bring such to the attention of the nearest official immediately; and,

3. 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

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, IDEMNIFY AND HOLD HARMLESS Warner Sports Promotions Inc, The Meadows Soccer Complex and The City of Tallahassee, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or 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.

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

X _____ Age: _____ Date Signed: _____
Participant's Signature

FOR PARENTS/GUARDIANS OF PARTICIPATNS OF MINORITY AGE

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 THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
PARENT/GUARDIAN'S SIGNATURE Date

SEE BACK SIDE FOR MORE REQUIRED INFORMATION

PLEASE COMPLETE THE FOLLOWING INFORMATION

PRINT LEGIBLY

Date: _____ TEAM NAME: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Hm. Ph: _____ Cell Ph: _____

Email Address: _____

Date of Birth: ____/____/____ Age: _____

Name of Emergency Contact _____

Home Phone of Contact _____ Cell Phone: _____

Name of Physician: _____ Office Phone: _____

Insurance Company _____

Contract or Insurance Number: _____

Name of Subscriber: _____