



ADULT PLAYER CARD FORM

FOR STAFF USE ONLY

ID # _____

RENEW # _____

PAID? YES NO

STAFF INITIAL _____

Soccer Release of Liability for Adult Participants --- Read Before Signing

In consideration of myself being allowed to participate in any way in any way in the INDOOR GOALS program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to myself from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and would include exposure to any infectious diseases (such as Covid -19 or any variant thereof).
2. FOR MYSELF, SPOUSE, AND CHILD, 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 child's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation bring such to the attention of the nearest official immediately; and,
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE INDOOR GOALS, its officers, officials, agents and and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event. ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY IDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent permitted by law.

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

X _____
(Signature)

DATE _____

FOR OUR RECORDS - PLEASE FILL OUT COMPLETELY

FIRST NAME: _____

LAST NAME: _____

BIRTHDATE _____

PHONE: _____

EMAIL _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

**Player Cards are \$15 and are good from October 1st through September 31st.
There will be a \$15 replacement fee for lost cards.**

CASH: _____ CHECK #: _____ CREDIT: _____ STAFF: _____