



Roots Athletic Center Liability Release Form

Name: _____ Email: _____ Date of Birth: ____ / ____ / ____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

How Did You Hear About Us? _____

This form must be completed for each soccer player (participant) and, if the player is under 18-years old, must be signed by the player's parent or legal guardian. No player will be allowed to participate in Roots Athletic Center leagues, classes, clinics, tournament games, practices or rental participation without this form, properly executed, and on file.

I, the undersigned, in consideration for my voluntary participation in organized soccer, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

My player status will be kept in good standing. I will not compromise myself in such a way as to do harm to classes, clinics, practices, leagues or tournaments, knowing that players may be dismissed from participation, with possible loss of payment or dues, for violent conduct or unsportsmanlike behavior on or off the field of play. I agree to pay for any and all damages to any property or indemnities caused by me willfully, negligently, or otherwise.

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, games, classes or clinics and have no illness, disease or existing injury or physical defect that would be aggravated by my participation. I will inform my coach or instructor 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 have a current medical consent form in force. I will wear shinguards, properly-fitted and appropriate shoes, and other protective equipment (e.g., mouth-pieces), as provided by soccer rules and Roots Athletic Center guidelines to all events and activities.

In enrolling at Root's Athletic Center, participant understands that he/she attending the programs and using Root's Athletic Center and the facilities does so at his/her own risk. Root's Athletic Center and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, He/She does hereby fully and forever release discharged hold harmless Root's Athletic Center, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Root's Athletic Center. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Root's Athletic Center to render a judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Root's Athletic Center and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. 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's Name (PRINT)	Participant's Signature	Date Signed

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

As the parent and natural guardian or legal guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the participant (player/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

Parent or Guardian Name (PRINT)	Parent or Guardian Signature	Date Signed