



# ADULT SOCCER LEAGUE ROSTER FORM

**TEAM ROSTER FORM MUST BE PROPERLY COMPLETED AND SUBMITTED PRIOR TO THE START OF EACH SEASON**

**TEAM FEES MUST BE PAID IN FULL PRIOR TO THE TEAM'S SECOND GAME**

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY; and EXCLUSION CLAUSE

**(Each player must read and acknowledge by signing below)**

IN CONSIDERATION of being permitted to attend or participate in any way in the soccer (or any other athletic/sports) programs or other events/activities at One-Touch Soccer ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of soccer/sports Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND THAT: (a) SOCCER/SPORTS ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE ONE-TOUCH SOCCER, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

BY SIGNING BELOW I ACKNOWLEDGE I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Similarly, I agree to follow the rules of play and adhere to all league and facility policies and guidelines for conduct set forth by One-Touch Soccer.

I also hereby waive all rights to any photos taken for use by One-Touch Soccer for advertizing or promotional purposes.

**TEAM NAME:**

**JERSEY COLOR:**

**LEAGUE/DIVISION:**

**DAY:**

<b>TEAM CAPTAIN:</b>	
(1) Printed Name (First)(Last): _____	Date of Birth: _____
Home Address (Street)(City)(State)(Zip): _____	
Email Address: _____	Phone: _____
Signature: _____	Date: _____
<b>(2) Printed Name (First)(Last): _____</b>	
Date of Birth: _____	
Home Address (Street)(City)(State)(Zip): _____	
Email Address: _____	Phone: _____
Signature: _____	Date: _____
<b>(3) Printed Name (First)(Last): _____</b>	
Date of Birth: _____	
Home Address (Street)(City)(State)(Zip): _____	
Email Address: _____	Phone: _____
Signature: _____	Date: _____
<b>(4) Printed Name (First)(Last): _____</b>	
Date of Birth: _____	
Home Address (Street)(City)(State)(Zip): _____	
Email Address: _____	Phone: _____
Signature: _____	Date: _____
<b>(5) Printed Name (First)(Last): _____</b>	
Date of Birth: _____	
Home Address (Street)(City)(State)(Zip): _____	
Email Address: _____	Phone: _____
Signature: _____	Date: _____

(6) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address (Street)(City)(State)(Zip): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(7) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address (Street)(City)(State)(Zip): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(8) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address (Street)(City)(State)(Zip): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(9) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address (Street)(City)(State)(Zip): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(10) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address (Street)(City)(State)(Zip): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(11) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address (Street)(City)(State)(Zip): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(12) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address (Street)(City)(State)(Zip): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(13) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address (Street)(City)(State)(Zip): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(14) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address (Street)(City)(State)(Zip): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TEAM NAME:** \_\_\_\_\_ **JERSEY COLOR:** \_\_\_\_\_ **LEAGUE/DIVISION:** \_\_\_\_\_ **DAY:** \_\_\_\_\_