



# ADULT SOCCER LEAGUE TEAM ROSTER

**(Each player must read and acknowledge by signing below or will not be eligible to play.)**

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of being permitted to be present at, attend, observe or participate in activities at the facilities of or provided by One-Touch Soccer (the "Activities") I:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activities and that I am qualified, in good health, and in proper physical condition to participate in them. I further agree and warrant that if at any time I believe conditions to be unsafe, or if at any time my health suffers, I will immediately discontinue participation, and leave if appropriate.
2. Authorize One-Touch Soccer, its respective owners, investors, members, managers, shareholders, agents, directors, officers, volunteers, employees, landowners, subsidiaries, and affiliated companies (collectively, "Releasees") and medical care provider(s) to carry out any emergency medical transport or medical care for me, as may be necessary in their sole discretion, and agree to be fully responsible for any costs associated with such transport and care.
3. Understand that it is my responsibility to comply with all posted and published procedures, including safety and hygiene procedures and protocols intended to lessen the likelihood of the spread of disease among participants and staff. I further understand that it is my responsibility to comply with all laws and other requirements imposed by federal, state, and local authorities.
4. FULLY UNDERSTAND THAT: (a) THE ACTIVITIES INVOLVE INHERENT AND OTHER RISKS AND DANGERS, including but not limited to falling or loss of balance; striking padded or unpadded surfaces; being injured by equipment; being injured by the actions or inactions of other participants and bystanders; collisions with other participants; falls due to slick or uneven surfaces; equipment failures of any kind; equipment misuse by myself or others; potential exposure to communicable disease (including but not limited to coronavirus, other viruses, bacteria, and all other infectious pathogens and disease vectors); physical injury or illness as a result of physical activity or being on the premises where the Activities take place; and which risks may result in SERIOUS INJURY, ILLNESS, EMOTIONAL DISTRESS, AND DEATH (collectively, "Risks"); (b) these Risks may be caused or contributed to by my own actions or inactions, the actions or inactions of other participants, bystanders or staff, the conditions and settings in which the Activities take place, or the alleged or actual NEGLIGENCE of the Releasees; (c) that the description and list of Risks in this Agreement is not complete, and that I will encounter Risks not described herein, known and unknown, inherent and otherwise, in connection with the Activities. With a full understanding of the foregoing, I VOLUNTARILY AGREE TO ASSUME ALL INHERENT AND OTHER RISKS OF INJURY, ILLNESS, EMOTIONAL DISTRESS, AND DEATH AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of, or in connection with, the Activities.
5. HEREBY RELEASE, DISCHARGE, HOLD HARMLESS, AND AGREE NEVER TO SUE RELEASEES FOR ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ARISING FROM OR RELATED TO ACTIVITIES, INCLUDING INJURY, ILLNESS, EMOTIONAL DISTRESS, OR DEATH CAUSED IN WHOLE OR IN PART BY THE ALLEGED OR ACTUAL NEGLIGENCE OF THE RELEASEES. I further agree that if, despite this Agreement, I or anyone acting on my behalf makes a claim against any of the Releasees, I will DEFEND, INDEMNIFY, AND HOLD HARMLESS each of the Releasees from any attorneys' fees, losses, liability, damage, or expenses which Releasees may incur as the result of such claim.
6. I understand that this Agreement will apply every time I am on the premises or participate in the Activities. I agree that this Agreement is a contract which will be enforced to the fullest extent allowed by law and will be binding on me, my assignees, subrogors, heirs, assigns, executors, and personal representatives. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO BE BOUND BY ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE.

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 advertising or promotional purposes.

TEAM NAME: \_\_\_\_\_

JERSEY COLOR: \_\_\_\_\_

MEN'S     COED     MEN'S OVER-30     WOMEN'S    ||     Sun.     Mon.     Tue.     Wed.     Thu.

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

(5) Printed Name (First)(Last): \_\_\_\_\_ 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: \_\_\_\_\_