

Youth Team Roster - Lexington

Team Name: _____ Coach: _____ Phone: _____
 Division: _____ Session: _____

Emergency Authorization:

I the undersigned, parent or legal guardian of the participant, a minor, hereby authorizes the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency I hereby authorize treatment and/or care at any hospital.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT") IN CONSIDERATION of being permitted to participate in any way in the indoor soccer activity ("Activity") he/she/I, for himself/herself/myself for personal representatives, assigns, heirs, and next of kin: ACKNOWLEDGE, agree, and represent that he/she/I understand the nature of indoor soccer Activities and that he/she/I am qualified, in good health, and in proper physical condition to participate in such Activity. He/She/I further agree and warrant that if at any time he/she/I believe conditions to be unsafe, he/she/I will immediately discontinue further participation in the Activity. FULLY UNDERSTAND THAT: (a) INDOOR SOCCER 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 his/her/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 he/she/I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES he/she/I incur as a result of his/her/my participation in the Activity. HEREBY RELEASE AND COVENANT NOT TO SUE LEXINGTON INDOOR SOCCER LEAGUE PARTNERED WITH CHAMPIONS SPORTS, CHAMPIONS LEXINGTON LLC, 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 "RELEASES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON HIS/HER/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 HE/SHE/I, or anyone on his/her/my behalf, makes a claim against any of the Releasees, HE/SHE/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.

	Players Name	Birth Date	Shirt	Address / Zip	Phone	Parent Signature
1						
2						
3						
4						
5						
6						
7						

	Players Name	Birth Date	Shirt	Address / Zip	Phone	Parent Signature
8						
9						
10						
11						
12						

Consent:

I HAVE READ THE ABOVE WAIVER, 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 WAIVER IS HELD TO BE INVALID THE BALANCE, SHALL CONTINUE IN FULL FORCE

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AND EFFECT.

My signature above verifies that I have read, understand, and agree to the waiver above!