FORT WAYNE SPORT CLUB (FWSC)
ADULT SOCCER PLAYER RELEASE OF LIABILITY AND REGISTRATION FORM

Player Full Name _____

Male ___ Female___ Date of Birth _____ Age_____

Home Address _____

City _____ State _____ Zip Code _____

Email Address _____

Mobile Phone ( ) _____Home/Alternate Phone ( ) _____

WAIVER, RELEASE AND ASSUMPTION OF RISK: In consideration of my participation in FWSC adult soccer, I hereby waive, release and discharge all claims for damages for death, personal injury, or property damage which may occur as a result of my participation in adult soccer or any activity incident thereto. This release discharges the FWSC, its affiliated entities such as its Social Club and its Youth Soccer, its officers, agents, servants, volunteers and employees, game officials and referees (hereinafter referred to collectively as "FWSCMG") from liability even though that liability may arise out of the FWSCMG'S active or passive negligence or carelessness. I acknowledge that some recreational activities, including soccer, involve an element of risk or danger of accidents, injury and even death, and knowing those risks, I freely and voluntarily assume the risk of injury and/or death and I promise not to sue or exercise any legal right to seek damages from FWSCMG. By this Agreement, I also intend to waive, release and discharge all claims for personal injury, death or property damage caused by the condition of the soccer field or any equipment thereon including goals, nets, flags, balls, markers or cones.

I understand that this WAIVER, RELEASE and ASSUMPTION OF RISK form will remain on file with the FWSC and that it will apply to the current season as well as my participation in future seasons in adult soccer. I will provide an update to this form to FWSCMG within 30 days of any changes.

I certify that I have no medical condition that would cause participation in adult soccer to increase the risk of hazard to my health.

I hereby consent to the photographing, recording or reproduction in any other manner (including videotapes and audiotapes) of my likeness, voice and/or soccer activities and further authorize FWSCMG to make unlimited use of such reproductions without receiving any monetary compensation. I hereby release and hold harmless FWSCMG from any claims that may result from the use of such reproductions.

I have read and understand the rules, guidelines and bylaws of FWSC and agree to abide by them. I understand that failure to abide by them may result in my expulsion from the game.

_____ _____ _____
Player Printed Name Player Signature Date

_____

Required for players under 18 years of age: Parent _____ Legal Guardian _____

_____ _____ _____
Printed Name Signature Date