



**3v3 Soccer Tournament
Official Team Roster Form
And Waiver / Release of
Liability**



Team Name

Age Division

Team Contact Person

Phone for Team Contact Person

Email Address for Team Contact Person

Alternate Team Contact & Cell phone

PLEASE READ BEFORE SIGNING!

In consideration of being permitted by the Plex in its facility and allowed to participate in a party or program, I, for myself or any dependent agree to the following waiver and release:

By my signature below, I warrant to Plex that I am physically fit and know of no medical or health reasons why I should not participate in its activities. I also understand and agree that in consideration of my using the equipment and facilities of the Plex that there are inherent extreme risks. I agree to assume full responsibility and accept all risks, both known and unknown, even if arising from negligence from employees or other participants with respect to any claims including, but not limited to, actions, injuries, disability, paralysis, death or damage to any person or property. In addition I agree to pay for all attorney fees, medical expenses, and all other damages from injury to myself or those minors I sign for below. **I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE** the Plex, their respective administrators, directors, agents, managers, owners, and employees, other participants, leasees and any sponsors from liability, claims, demands, losses or damage on my account caused or alleges to be caused in whole or in part by the negligence of the "releasees." If 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 anyone of the releasees, I will indemnify, save and hold harmless each of these releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as the result of such claim.

MY SIGNATURE STATES I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED 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.

****Players may sign if over the age of 18**

Player's Full Name (Please Print)	Date of Birth mm/dd/yy	Email Address	Cell Phone Number	Signature of Player/Parent/Guardian
1			()	I have read and understand
2			()	I have read and understand
3			()	I have read and understand
4			()	I have read and understand
5			()	I have read and understand
6			()	I have read and understand

COACH / TEAM CONTACT SIGNATURE

DATE

PRINT NAME