



Individual Release of Liability and Assumption of Risk

Participant Information (Please Print):

Name _____
Address _____ City _____
State _____ Zip _____ Phone _____

RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

I AM FAMILIAR WITH THE NATURE OF SOCCER AND INDOOR SOCCER AND/OR ANY OTHER ACTIVITY FOR WHICH I AM USING THE FACILITY. I UNDERSTAND THAT PARTICIPATION IN THESE ACTIVITES CAN BE DANGEROUS AND COULD POSSIBLY LEAD TO MINOR INJURIES, BROKEN BONES, BRAIN DAMAGE, INJURY TO INTERNAL ORGANS AND/OR PARTS OF THE BODY, SERIOUS SPINAL INJURIES, PARAPLEGIA, PERMANENT INJURY AND DEATH. THESE SERIOUS AND PERMANENT BODILY INJURIES COULD IMPAIR LEARNING ABILITY, ABILITY TO EARN INCOME AND GENERAL ENJOYMENT OF LIFE.

I ACCEPT THAT SOCCER CENTRAL IS ONLY PROVIDING AN OPPORTUNITY TO USE AN INDOOR ATHLETIC FACILITY. IN CONSIDERATION FOR THE PRIVILEGE TO USE THIS FACILITY I, AND ON BEHALF OF MY HEIRS, ASSIGNS, AND THE NEXT OF KIN, RELEASE, INDEMNIFY, HOLD HARMLESS AND PROMISE NOT TO BRING ACTION, OF ANY KIND, AGAINST SOCCER CENTRAL, ITS STAFF, AGENTS, OWNERS, OFFICERS, PROPERTY OWNERS, LEAGUE DIRECTORS, OFFICIALS, SPONSORS AND ANY OTHERS HAVING AN INTEREST IN THE FACILITY FROM ALL LIABILITY, NEGLIGENCE, CAUSES OF ACTION, CLAIMS, DEMANDS AND DAMAGES OF EVERY KIND WHICH MAY ARISE OUT OF PARTICIPATION IN ANY AND ALL ACTIVITIES AT THIS FACILITY.

I HAVE READ THIS RELEASE OF LIBABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature _____ Date _____

Activity/Event _____