AMATEUR ATHLETIC
WAIVER AND RELEASE OF LIABILITY
2009 SEASON

NAME _____
(Last) (First)

ADDRESS _____

CITY _____ STATE _____

PHONE _____ ZIP _____

In consideration of being allowed to participate in any way in the Stamford Co-Ed Soccer League athletic/sports program, and related events and activities, the undersigned:

1) Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate;

2) Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time;

3) Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death;

4) Release, waive, discharge and covenant not to sue the Stamford Co-Ed Soccer League, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as “releases”, from demand, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release of otherwise.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. THEY ALSO ACKNOWLEDGE THAT THEY ARE AT LEAST 18 YEARS OF AGE.

PLAYER SIGNATURE _____