



**Compete In The Heat Summer Soccer Series  
June 3 to August 9  
7V7 Official Team Roster & Release of Liability**



**PLEASE PRINT ALL INFORMATION**

Team Name	Age Division & Gender
Team Contact Name	Email for Team Contact
Cell Phone Number for Team Contact	Alternate Team Contact & Cell Number

**PLEASE READ BEFORE SIGNING!**

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND, WHERE APPLICABLE, PARENTAL CONSENT AGREEMENT (“AGREEMENT”)

IN CONSIDERATION of being permitted to participate in any way in the ANY FIELD activity (Activity”) I, for myself for personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of FIELD Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
  2. FULLY UNDERSTAND THAT: (a) ANY FIELD 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 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 time or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
  3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE BROKEN ARROW SOCCER CLUB, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessor of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON 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, or anyone on my behalf, makes a claim against any of the Releases 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.
  4. RECOGNIZING THE POSSIBILITY of physical injury associated with soccer and in consideration for United States Youth Soccer/United States Soccer and its affiliates accepting the registrant for its soccer programs and activities (the “Programs”) I hereby release, discharge and/or otherwise indemnify USYS/USS, its affiliated organizations and sponsors, their employees and associated personnel, BASC, the City of Broken Arrow, the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant’s participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs. Therefore, I grant Broken Arrow Soccer Club and/or its representatives/agents permission to act as my surrogate for my child in the area of obtaining medical treatment by a Doctor of Medicine or Dentistry. I also assume the financial responsibility for any medical treatment for my child.
  5. I confirm that all players on this registration form are registered with a US Soccer affiliated club for the 2018-2019 soccer year.
- I HAVE READ THIS AGREEMENT, 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 AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.



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

Player's Full Name (Please Print)	Date of Birth	Email Address	Cell Phone Number	**Signature of Player/Parent/Guardian
1.				I have read and I understand
2.				I have read and I understand
3.				I have read and I understand
4.				I have read and I understand
5.				I have read and I understand
6.				I have read and I understand
7.				I have read and I understand
8.				I have read and I understand
9.				I have read and I understand
10.				I have read and I understand
11.				I have read and I understand
12.				I have read and I understand
13.				I have read and I understand

COACH AND/OR PARENT must be able to provide proof of age upon request. Proof of age includes a current team roster, current player pass, birth certificate, US passport, or driver's license.

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By signing below, you acknowledge that the above player's names and date of birth are true and correct to the best of your knowledge.

Coach Name (Print)	Date	Coach Signature
Tournament Official	Date	Team Name



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