

WAIVER AND RELEASE FOR LIABILITY
(PLAYERS AND COACHES)

I acknowledge that soccer and other activities' at PLAZA SPORTS CENTER are an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, or property loss. I agree that I am registering in these activities at my own will and will not hold PLAZA SPORTS CENTER, its soccer staff, their partners, agents and employees, and the owners of the facilities responsible if any of these events shall arise. By executing this document I hereby assume all risk of injury or loss to which I may be exposed as well as my overall well being. I release PLAZA SPORTS CENTER, its soccer staff, their partners, agents and employees, and the owners of the facilities from any events arising from the negligence of the company and/ or its staff, the responsibility of supervising my presence in the facility as well as any possible kidnap, disappearance or thefts of personal items.

I hereby consent for my photograph or likeness to be taken and used without compensation to my family or to me. I understand the picture and any other information provided to the facility will not be sold for any purpose, and may be used to publicize at PLAZA SPORTS CENTER event or any activities of the complex. I am aware that it may be used in a brochure, newspaper, be placed on the Internet and/or on the PLAZA SPORTS CENTER newsletter.

I will abide by the rules of PLAZA SPORTS CENTER and the USSF, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with the organizations and sponsors. Recognizing the possibility of physical injury associated with the soccer I hereby release, discharge and/or otherwise, indemnify PLAZA SPORTS CENTER and the USSF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized by PLAZA SPORTS CENTER. As coach, it will be my responsibility to carry out the rules of the facility to my players and any damage done to the facility by a member of my team will result in a consequence at the discretion of PLAZA SPORTS CENTER owners.

I acknowledge that I have read and fully understand this WAIVER and MEDICAL RELEASE.

Coach Signature _____

Team & Category _____

Date _____