



ANGEL CITY SOCCER LEAGUE

MENS ADULT SEVEN-A-SIDE

ACSL TEAM SIGNUP & WAIVER

TEAM NAME: _____

WAIVER, RELEASE AND ASSUMPTION OF RISK: In consideration of my participation in the Angel City Soccer League, I hereby waive, release and discharge all claims for damages for death, personal injury, or property damage which may occur as a result of my participation in the soccer league or any activity incident thereto. This release discharges in advance the Angel City Soccer League and Playa Vista Sports Park, their officers, agents, servants, and employees, game officials and referees (hereinafter referred to collectively as "ANGEL CITY") from liability even though that liability may arise out of the ANGEL CITY'S active or passive negligence or carelessness. I acknowledge that some recreational activities, including soccer, involve an element of risk or danger of accidents, injury and even death, and knowing those risks, I freely and voluntarily assume the risk of injury and/or death and I promise not to sue or exercise any legal right to seek damages from ANGEL CITY. By this Agreement, I also intend to waive, release and discharge all claims for personal injury, death or property damage caused by the condition of the soccer field or any equipment thereon including goals, nets, flags, balls, markers or cones.

I understand that this WAIVER, RELEASE and ASSUMPTION OF RISK form will remain on file with ANGEL CITY and that it will apply to the current season as well as my participation in future seasons in the Angel City Soccer Leagues.

I certify that I have no medical condition that would cause participation in the soccer leagues to increase the risk of hazard to my health. In addition, I authorize the CITY to provide or cause to be provided such medical treatment that may be necessary or appropriate if I am injured while participating in the soccer league.

I hereby consent to the photographing, recording or reproduction in any other manner (including the use of videotapes and audiotapes) of my or my child's likeness, voice and/or soccer activities and further authorize ANGEL CITY to make unlimited use of such reproductions, including but not limited to, broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation, now or in the future, for participant. I hereby release and hold harmless ANGEL CITY from any claims that may result from the use of such reproductions.

I certify that I am over the age of eighteen years and I have read and understand the rules, guidelines and bylaws of the Angel City Adult Soccer League and agree to abide by them. I understand that failure to abide by them may result in my expulsion from the game and or the League.

	#	PLAYER NAME (Print)	SIGNATURE	E-MAIL ADDRESS
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MANAGER/COACH: _____
SIGNATURE: _____
DATE: _____