

West Miramar Soccer League
City of West Miramar Registration Form

Release of liability ---read before signing

In consideration of being allowed to participate in any way in the West Miramar Soccer League, Sportz Services 4U, and City of Miramar soccer program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or other, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation. I will remove myself from participation and bring such to attention the nearest official immediately; and,
4. I, myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HARMLESS the Sportz Services 4U and City of Miramar their officials, officers, agents and/or employees, other participant, sponsoring agencies, sponsors advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by the law.

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

Player Information must be filled out completely

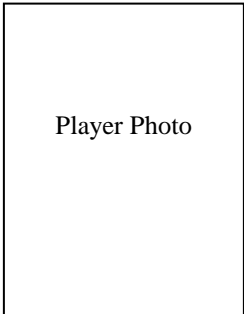
Captains Name _____ **Captains Email** _____
Nombre

Address: _____ **City:** _____ **State:** FL **ZIP** _____
Direccion Ciudad Codigo Postal

Phone #: H () _____ W () _____
Trabajo#

Captains Signature X _____ **Date:** _____
Firma Fecha

Team Name: _____



TEAM INFO:

1) Print Name _____ **Players Email** _____
Nombre

Player Signature X _____ **Date:** _____
Firma Fecha

2) Print Name _____ **Players Email** _____
Nombre

Player Signature X _____ **Date:** _____
Firma Fecha

3) Print Name _____ **Players Email** _____
Nombre

Player Signature X _____ **Date:** _____
Firma Fecha

4) Print Name _____ **Players Email** _____
Nombre

Player Signature X _____ **Date:** _____
Firma Fecha

5) Print Name _____ Nombre Player Signature X _____ Firma	Players Email _____ Date: _____ Fecha
6) Print Name _____ Nombre Player Signature X _____ Firma	Players Email _____ Date: _____ Fecha
7) Print Name _____ Nombre Player Signature X _____ Firma	Players Email _____ Date: _____ Fecha
8) Print Name _____ Nombre Player Signature X _____ Firma	Players Email _____ Date: _____ Fecha
9) Print Name _____ Nombre Player Signature X _____ Firma	Players Email _____ Date: _____ Fecha
10) Print Name _____ Nombre Player Signature X _____ Firma	Players Email _____ Date: _____ Fecha
11) Print Name _____ Nombre Player Signature X _____ Firma	Players Email _____ Date: _____ Fecha
12) Print Name _____ Nombre Player Signature X _____ Firma	Players Email _____ Date: _____ Fecha

President/Representante Information must be filled out completely

Name: _____	Signature _____	Date: _____
Nombre	Firma	Fecha
Phone # _____	Team Name: _____	
Telefono	Nombre Equipo	

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
 (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and do agree to his/her release as provided above all the releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liabilities incident to my minor's child involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law. (has to be notarized)

X _____	_____	_____
Parent/Guardian's Signature	Print Name	Emergency Phone #