**THIS IS A TWO-PART FORM. PLEASE READ WAIVER/RELEASE AND BELOW**

*SMASA WAIVER AND RELEASE FORM FOR LIABILITY*

*FOR PLAYERS UNDER THE AGE OF 18*

I acknowledge that soccer or any sporting event is 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 recognize that I may be asked to practice for,

participate in, and travel to and from soccer events on behalf of the team and **I**

**HERE BY ASSUME THE RISK OF PARTICIPATION IN THE SOCCER EVENT.**

I agree that prior to participating, I will inspect the facilities and equipment to be

used and if I believe anything is unsafe, I will immediately advise the coach or

supervisor of such condition(s) and refuse to participate.

I hereby take the following action for myself, my executors, administrators, heirs,

next of kin, successors and assigns:

a) **I WAIVE, RELEASE, AND DISCHARGE** from any and all claims or

liabilities for death or personal injury or damages of any kind, which arise

out of or relate to my participation in, or my traveling to and from the

soccer event, **THE FOLLOWING PERSONS OR ENTITIES**: SMASA; the

Team for which I play; the Team Manager/Captain; any sponsors obtained by the

Club or SMASA; any Players or Coaches; any Officers, Directors, Employees,

Representatives and Agents of the above.

b) **I AGREE NOT TO SUE** nor bring any type of lawsuit against any

persons or entities mentioned above for any of the claims or liabilities that

I have waived, released or discharged herein; and

c) **I INDEMNIFY AND HOLD HARMLESS** the persons or entities

mentioned above from any claims made or liabilities assessed against

them as a result of my actions.

I AM UNDER THE AGE OF EIGHTEEN (18) YEARS OLD. MY

PARENTS/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW.

**(As the applicant is under 18 years of age, a parent or guardian must**

**execute, in addition to the foregoing Waiver and Release, the following, for**

**and on behalf of the minor.)**

The undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) the parent and natural

guardian or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (minor’s name) hereby the forgoing Waiver and Release for and on behalf of the named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor in the execution of the Waiver and Release.

I hereby authorize any licensed physician, emergency medical technician,

hospital or other medical or health care facility to treat the minor named herein

for the purpose of attempting to treat or relieve any injuries received by said

minor arising out of, or relating to the Soccer Event. I authorize any such

Medical Provider to perform all procedures deemed medical advisable. I realize

and appreciate that there is a possibility of complications and unforeseen

consequences in any medical treatment, and I assume any such risk for and on

behalf of myself and said minor.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Name (PRINT)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (MUST BE SIGNED) Relationship to Minor

**ACKNOWLEDGMENT**

I, currently do not have any personal health insurance. I am aware that the insurance offered by my SMASA Adult League team and the Minnesota Soccer Association is secondary insurance and may not provide full coverage for any injuries that I receive while competing for said team.

Player’s Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_