



NWSL RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

I _____, hereinafter "Participant," acknowledge, by signing this document, that I have read and fully understand the rights I am waiving in consideration for being permitted to participate in any way in this soccer tryout, a test ascertaining the qualifications of my abilities as an applicant, for an athletic team("Activity") being held by _____(the "Team"),

I, for myself, my personal representatives, assigns, heirs and next of kin:

1. **ACKNOWLEDGE**, agree and represent that I understand the nature of competitive soccer 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. I also agree that have not taken or ingested any type of drug that would impair my ability to safely participate in the Activity. I warrant that I am at least 18 years old and legally competent to sign this release.

2. **FULLY UNDERSTAND** that (a) **SOCCER ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURIES, INCLUDING BUT NOT LIMITED TO, PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS")**; (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions 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 RISKS AND SOCIAL AND ECONOMIC LOSSES, COSTS AND DAMAGES** I incur as a result of my participation in the Activity.

3. **HEREBY** release, discharge and covenant not to sue the Team, the National Women's Soccer League, LLC ("League"), their affiliates, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "RELEASEES" herein), and do hereby **RELEASE 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 OPERATION; AND I FURTHER AGREE** that if despite this **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**, I, or anyone on my behalf, makes a claim against any of the Releases, I **WILL INDEMNIFY, DEFEND, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES** from any litigation or claims expenses, attorney fees, loss, liability, damage or cost which any may occur as a result of such claim.

4. I understand, that for the purposes of this agreement, I am not **CURRENTLY** an employee of the Team, or under any contractual obligation to play or provide my skills for the Team. Therefore, any medical attention that I should need or require due in any part to my participation in the Activity, will be fully covered by myself, and/or through my personal insurance policy(ies). I am not now a part of any



insurance policy of the Team, and am not an employee for the purposes of Workers Compensation benefits, and therefore not entitled to any type of Workers Compensation benefits.

5. 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 ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I INTEND THIS 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.

***I have read and agree to all stated herein and I certify that I am over 18 years of age.**

Print Name: _____ Sign Name: _____

Date: _____ Phone Number: _____ Email: _____



RELEASE AND WAIVER OF LIABILITY

(This form must be read and signed before the participant takes part in any try-outs, testing, training or competition. By signing this form, the participant affirms having read it.)

The undersigned (the "Undersigned"), for herself as a participant, hereby forever releases and discharges the National Women's Soccer League, LLC ("NWSL"), all NWSL teams (each, a "Team"), and their respective assignees, successors, officers, directors, agents, representatives, employees, subcontractors, sponsors, shareholders, partners, members and affiliates (collectively, the "Released Persons") from all present and future liabilities, debts, obligations, costs, expenses, damages, losses, charges, judgments, executions, liens, claims, demands, actions or causes of action, of whatever nature or description, in equity or at law, which the Undersigned or her successors may have, whether known or unknown, suspected or unsuspected, asserted or not asserted, arising out of participation by the Undersigned in activities conducted by NWSL and/or the Team, including, but not limited to, participation in soccer try-outs, testing, training, and competition (collectively, "Events"), even if the risks and liabilities that the Undersigned is releasing by this Release and Waiver of Liability arise out of the ordinary negligence or carelessness, whether active or passive, or from any hidden, latent or obvious defects in any of the facilities or equipment used, of one or more of the Released Persons, which the Undersigned now has, owns or holds, or at any time heretofore owned or held, or could or shall or may hereafter own or hold against the Released Persons or any of them (collectively, the "Released Claims").

The Undersigned understands, acknowledges and accepts that this Release and Waiver of Liability is intended to be binding on the Undersigned's family, estate, heirs, executors, administrators and assigns. The Undersigned understands, acknowledges and accepts that participation in Events involves certain inherent risks, including, but not limited to, property damage and serious bodily injury (including death), and agrees that the Undersigned is voluntarily participating in Events with full knowledge of the risks involved and accepts all risks of participation.

The Undersigned agrees to indemnify and hold harmless each of the Released Persons for any and all Released Claims arising out of the Undersigned's participation in Events and all related activities. The Undersigned understands, acknowledges and accepts the possibility that the Undersigned or her successors may not now fully know the number or magnitude of all the Released Claims, but nevertheless intends to assume the risk by releasing such unknown claims, and agrees that this Release and Waiver of Liability is a full and final release and waiver of all the Released Claims.

The Undersigned declares that she is physically fit and has the skill level required to participate in Events. The Undersigned authorizes NWSL, the Team and/or a party designated by either of the foregoing to provide medical treatment, at the Undersigned's cost, should the need arise. The Undersigned understands, acknowledges and accepts that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the state in which the Events are taking place and agrees that if any portion of this Release and Waiver of Liability is determined to be invalid, the remainder will continue in full legal force and effect. The Undersigned further agrees that any legal proceedings related to this Release and Waiver of Liability shall take place in Chicago, Illinois.

Date: _____/_____/_____ Participant Name: _____

Date of Birth: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____



Medical Insurance Information: Please attach a copy of the front and back of your personal insurance card. NWSL requires the player to use their own or parents' insurance as primary coverage. NWSL's policy is for sports related injuries, the policies do not cover medical health related issues. Each player is responsible for any bills relating to such.

Name of Insurance Company _____

Address of Insurance Company: _____

City: _____ State: _____

Insured's Full Name: _____ Your relationship to insured _____

Insured's Birth Date: ___/___/___ Group / Plan / Policy: _____

ID/Subscriber #: _____ Employer: _____