

SIGN THIS WAIVER ONLY IF YOU FULLY UNDERSTAND IT!

PLEASE SIGN IN BLACK OR BLUE INK ONLY

**NORTH COUNTY SOCCER PARK AGREEMENT
AND RELEASE OF LIABILITY**

I agree to indemnify, defend, hold harmless and release the North County Soccer Park, Inc., its owners, officers, agents, representatives, and employees from any and all lawsuits, damages, claims, judgments, loss, liability, or expenses arising out of (1) any death or personal injuries or property damage that I, my child or my ward may sustain while using property or equipment owned by or under the control of the North County Soccer Park, Inc., or while participating in any activity sponsored by the North County Soccer Park, Inc., or (2) any death or injury which results or increases by any action taken to medically treat me, my child or my ward. All of the terms above shall apply whether or not the alleged injury is caused by or arises out of any dangerous condition of property, or the alleged negligence or any acts or omissions of the North County Soccer Park, Inc., its owners, officers, agents, representatives or employees.

I understand the hardness of the playing surfaces and the roughness of the sport. I understand there are risks associated with these activities, and I assume the full risk of any injuries that I, my child or my ward sustain during any of the activities. I further understand that the North County Soccer Park, Inc., does not carry medical insurance to cover participants in the activities in which my child, my ward, or I am/is participating.

I understand that the North County Soccer Park, Inc. may take photographs for use in North County Soccer Park, Inc., publications and news releases without my written consent.

I am able to read, and I have read the above Waiver/Release of liability, and fully understand it and will abide by it. If I choose not to sign this agreement then I am choosing not to participate.

X

Signature of Participant or Parent/Guardian (if Participant is a Minor)

Today's Date

Employee initials

CONSENT FOR EMERGENCY TREATMENT

In the event of sudden illness, accident, or injury which may occur while said Participant or Minor is engaged in an activity at the North County Soccer Park, Inc., I authorize the North County Soccer Park, Inc., its owners, officers, agents, representatives, or employees, to consent to any medical, dental, or surgical diagnosis or treatment and hospital care for the above mentioned Participant or Minor which is deemed advisable by and to be rendered by a licensed physician or surgeon, and agree to assume financial liability for these services.

I am able to read, and I have read the above Consent for Emergency Treatment, and fully understand it and will abide by it. If I choose not to sign below then I am choosing not to participate.

X

Signature of Participant or Parent/Guardian (if Participant is a Minor)

Today's Date

Employee initials

In the event of an emergency, whom should we notify?

Name(s): _____

Relationship: _____

Phone #s: () _____ () _____