

AGREEMENT TO PARTICIPATE IN THE CAPITAL DISTRICT OVER 30 RECREATIONAL SOCCER LEAGUE  
2011 SPRING AND FALL SEASONS  
(Form Updated April 2008)

I (print name) \_\_\_\_\_ am aware that participation in any soccer event is an inherently dangerous activity involving many risks of injury. I understand that the dangers and risks of participating in soccer include death, spinal injury, paralysis, brain damage, and serious injury and/or impairment to other aspects of my body, general health, and well being.

In consideration of the organizers (who include but are not limited to League Officers, Division Coordinators, Division Registrars, the Referee Coordinator, and Team Coordinators) permitting me to participate in the Capitol District Over 30 Recreational Soccer League and to engage in its activities, which may include practice, games, tournaments, travel, or other League sponsored events, I voluntarily assume all risk of personal injury or death associated with such participation. I understand that I am solely responsible for providing my own personal health, accident, and liability insurance.

I understand that in consideration of the organizers (who include but are not limited to League Officers, Division Coordinators, Division Registrars, the Referee Coordinator, and Team Coordinators) permitting me to participate in the Capitol District Over 30 Recreational Soccer League and to engage in its activities, which may include practice, games, tournaments, travel, or other League sponsored events, I hereby agree to waive any and all claims I may otherwise have had for personal injury or death associated with such participation (including claims arising from negligence) against the organizers and/or owners of sites where League activities occur.

I have carefully read this document and understand its contents.

Date: \_\_\_\_\_

Name (Print) : Last: \_\_\_\_\_ First: \_\_\_\_\_

Signature: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail (Print) \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work): \_\_\_\_\_ ( Cell): \_\_\_\_\_

I hereby verify to the Division Registrar that this completed form was submitted to me by the player whose signature appears above. \_\_\_\_\_

Signature of Team Coordinator

Date

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

Division (Circle 1) : A, B-Red, B-Blue, Masters, Grand Masters