

# The Soccer Center Rental Waiver Registration Form for Groups or Teams

**Attn: No one is allowed to play at the Soccer Centre unless they sign this waiver**

**Coach /Manager:** \_\_\_\_\_

**Club** \_\_\_\_\_

**Rental FEE: \$50 per Hour**

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

**Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

## Medical Release Waiver

It is the responsibility of the participant's parents or guardian to ensure that the participant is healthy and has no physical problems, which would prevent the participant him/her from any activities At the John Gaspar Soccer Academy LLC. Responsibility for primary medical insurance coverage rests with the participant.

Has had a physical examination by a licensed physician in the past year and is free from any illnesses or injuries that would prevent the participant from any activities at the John Gaspar Soccer Academy LLC. I understand that soccer is an active, physical sport and serious injuries can take place during the Academy's activities which might result not only from their own actions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further more, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for damages following such injury, hereby release, covenant to indemnify and not sue the John Gaspar Soccer Academy LLC, The Soccer Centre Inc., any of it's affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and lessors of premises used to conduct the event, all of which are hereinafter referred as to releases, from any and all liability to each of the undersigned, his/hers heirs or next to kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize.

I authorize any medical treatment that might be advised by physicians or trainers while my son/daughter is present at the John Gaspar Soccer Academy LLC. I also agree to save and hold harmless and indemnify each and parties herein referred to above as release from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said release because of any defect in or lack of said capacity to so act, caused, or alleged to be caused in whole or in part by the negligence of the release.

Player's Name	Birthday	Phone	Address	Parent/Guardian Signature (Player if 18 years of age or older)
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