

**PLAYER WAIVER, RELEASE OF LIABILITY, AND INSURANCE INSTRUCTIONS**

I, the undersigned, certify that I am in good physical condition and wish to participate in the United States of America Ladies Soccer Organization (USALSO), where I will be playing soccer ("soccer activities"). I hereby acknowledge that I have voluntarily applied to participate in soccer activities through USALSO.

I am aware that serious accidents occasionally occur during soccer activities; and that participants occasionally sustain serious personal injury or death and/or property damage, as a consequence thereof. I understand that included among the dangerous elements of soccer activities are risks associated with the weather, adverse field conditions, sprinklers, goal posts, contact with considerable force, and risk of severe permanent physical injuries, including bruises, scrapes, cuts, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I understand that the fields, paths, sidewalks, and parking lots, cannot be guaranteed to be smooth or free from defects, and that there is a risk of injury as a result of tripping, falling, or striking an unknown object. I understand that in addition to the above-mentioned risks, there are unpredictable dangers involved in soccer activities. If, however, I observe any unusual and/or significant hazard I will bring such to the attention of the nearest official immediately and remove myself from participation if necessary.

In consideration of my participation in soccer activities, I voluntarily release, discharge, and agree to hold harmless: (1) USALSO, its respective officers, agents, employees, members, players, officials, and volunteers and (2) the City of Torrance, its respective officers, agents, employees, members, and volunteers from any and all liability for injuries or death or property damage resulting from or in any way connected with my participation in soccer activities, that this Waiver and Release is applicable even though the negligent activities of USALSO, its respective officers, agents, employees, members, players, officials, and volunteers or the City of Torrance, its respective officers, agents, employees, members, or volunteers may have caused or contributed to the injury or death or property damage, and this document is binding on my heirs and dependents as well as myself. Additionally, this Waiver and Release will apply to any injury, death, and/or property damage caused or allegedly caused by a dangerous condition of public property. I freely and voluntarily expressly assume all the risks of participating in these soccer activities. I further acknowledge and accept that this Waiver, Release of Liability, and Insurance Instructions is intended to be as broad and inclusive as permitted by the laws of the State of California and agree that if any portion of , Release of Liability, and Insurance Instructions is deemed to be invalid, the remainder will continue in full legal force and effect.

I represent that to the best of my knowledge that I have no medical, physical, and/or emotional health condition which would hinder or prevent my participation in the soccer activities. I also certify that I am physically fit, have sufficiently trained for participation in these soccer activities and have not been advised otherwise by a qualified medical person. In the case of sickness, accident, or injury, USALSO, its respective officers, agents, employees, members, or volunteers have my express permission to secure, at my expense, such medical attention as is deemed necessary in the sole discretion of USALSO, its respective officers, agents, employees, members, or volunteers.

Additionally, I acknowledge that I have read and understand the rules of USALSO and agree to follow them. I understand that during soccer activities, I may be photographed or recorded. I agree to allow USALSO to take photographs, video recordings, and sound recordings of me to be used for any legitimate purpose by USALSO, its respective officers, agents, employees, members, volunteers, officials, producers, sponsors, organizers, and/or assigns.

I understand that if an injury should occur, it must be noted on the game line-up card and that it is the team's (coach, representative, players) responsibility to see that the injury is documented before the line-up cards are submitted to the Statistician. Further, it is my responsibility as a player to read the secondary insurance forms thoroughly so that all insurance instructions are followed, and the forms mailed within 90 days of the injury.

**I HAVE READ AND AGREE TO THE PROVISIONS OF THIS WAIVER AND RELEASE OF LIABILITY BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.**

PRINT NAME: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

SIGN NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Any questions regarding this form, should be directed to Linda Finn-Valentine at 310-644-7886. All players registered on any USALSO team must have a signed Waiver on file with the Registrar.