



**ADULT PLAYER REGISTRATION AND WAIVER, RELEASE & INDEMNITY FORM**

Player's Name:

Birthdate:

Driver's License # & State:

Mailing Address:

Email Address:

Cell Phone:

In an emergency, please contact the following person:

Name & Relationship & Cell Phone:

**LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT**

Acknowledges and represents that he or she understands the nature of soccer, specifically that it is a contact sport with a substantial risk of injury, and that he or she is qualified, in good health, and physically able to participate. I hereby release, discharge, and otherwise indemnify my club and team, the Conquerors League Soccer~Futsal Academy, Leagues, Tournaments, Camp & Training their sponsors and its affiliated organizations, the soccer facility, and the employees and associated personnel of these organizations, against any claim by or on my behalf, including demands, losses, or damages on account of injury, death, or damage to property, as a result of my participation in Conquerors League Soccer~Futsal Academy, Leagues, Tournaments, Camp & Training programs and competitions. I also understand and accept that adult registration with the Conquerors League Soccer Academy League, Tournaments, Camp & Training does not include primary or secondary accident or medical insurance.

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

Again, soccer and Futsal is at times a physical, contact sport. As the player enrolled in Conquerors League Soccer~Futsal Academy's program, I understand that these programs, activities, games and training elements are hazardous by nature and I understand and assume all risks of injuries arising from participation. My signature above confirms that I understand these risks, knowingly enter into this agreement, and that I release, indemnify and hold harmless Conquerors League Soccer~Futsal Academy, its directors, employees, staff and agents from any claim, suit, demand or action arising in connection with the player's participation. Personal medical insurance is required. If the player requires medical attention, every effort will be made to contact the player's spouse, parents, guardians or emergency contacts prior to the delivery of such services. In the event of an emergency, however, exigency may necessitate medical services being provided to the player prior to informing the spouse, parent or guardian. By signing above, I indicate my understanding and acceptance of such an emergency. Further, I assume responsibility for any costs incurred in treating the player. I waive any claim of liability or responsibility against Conquerors League Soccer~Futsal Academy related to the quality or cost of medical services provided. Player's are responsible for any property damage caused by the player. If a player's property is lost or stolen, Conquerors League Soccer Academy will make every effort to locate it. However, Conquerors League Soccer Academy accepts no responsibility for the loss or damage to a player's property.

I give permission to Conquerors League Soccer~Futsal Academy to use my picture, videos or likeness in promotion of Conquerors League Soccer Academy camps in printed or electronic media. I renounce any claims upon Conquerors League Soccer Academy for reimbursement for the use thereof.

By my signature above, I affirm that I have read and accept Conquerors League Soccer~Futsal Academy's Policy Statements.

The laws of the Commonwealth of Virginia control in all matters related to this release.

