

**Kingston Area Soccer League (KASL) Travel Soccer player try-out waiver .**

I understand that the KASL, will have rules that are applicable to me as a athlete registered with KASL. I agree to abide by all of these rules. I agree that the permission issued to me by KASL is subject to cancellation by KASL if I do not abide by the rules set forth by KASL for the use of this opportunity to try-out for the team..

In consideration of being permitted to participate in any way with KASL, I, for myself, my personal representatives, assigns, heirs and next of kin: agree to the following>>

Acknowledge, agree and represent that I understand the nature of athletic activities and that I am qualified, in good health and in proper physical condition to participate in athletic activities; I further agree that if at any time I believe conditions or equipment to be unsafe, I will immediately discontinue further participation in such activity.

Fully understand that (a) all athletic activities involve risks and dangers of seriously bodily injury, including permanent disability, paralysis and death; (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes or the negligence of the "Releases" named below; and (c) there may be other risks and social and economic losses either not known by me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in soccer activities.

Hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, paralysis or death, even if caused, in whole or in part, by the negligence of the "Releases" named below.

Hereby release, discharge and covenant not to sue KASL and Tech-City Properties, and its respective administrators, directors, agents, officers, volunteers and employees, other participants, officials, any sponsors or advertisers and, if applicable, owners and lessors of the premises on which the soccer activities take place (each of the proceeding being considered one of the "Releases") from all liability, claims, demands, losses or damages on my account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations; and I further agree that if, despite my agreement, I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save and hold harmless each of the Releases from any litigation expense, attorney fees, loss, liability, damage or cost which any Releases may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOT WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. THERE IS A ZERO TOLERANCE POLICY FOR FIGHTING OR OTHER DISRUPTIVE BEHAVIOUR WITH IMMEDIATE SUSPENSION FROM THE PROGRAMS.

I certify that I have read this waiver and by signing below I acknowledge that I agree to the terms, wish to try-out with KASL.

**KASL LIABILITY WAIVER FOR POTENTIAL TRAVEL SOCCER PLAYER . PLEASE READ BEFORE SIGNING .**

**Maximum of three try-outs before signing on with team :**

Name of Player: \_\_\_\_\_  
( Parent must sign bottom for waiver to be valid.)

Address \_\_\_\_\_

Parent Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Parent E-Mail \_\_\_\_\_

Player DOB : \_\_\_\_\_

Parent Signature \_\_\_\_\_ ---

Practice date #1 \_\_\_\_\_ Practice date #2.....Practice date #3 \_\_\_\_\_