Player Acknowledgement Agreement Form

ALL FIELDS MUST BE FILLED IN – PLEASE PRINT NEATLY

_____ _____ Girl_____Boy_____ '16/'17 Grade_____ Club/Rec_____

Player First Name *Player Last Name* *Current Soccer Affiliation*

_____ _____ _____ _____

Address *City* *State* *Zip Code*

_____ _____

Primary Phone *Email Address*

1. *I, do hereby give my approval of his or her participation in Indoor Futsal activities at Footworx 5-A-Side, LLC, including but not limited to: Footworx 5-A-Side Leagues, Practice, Camps, Tournaments, and other forms of Futsal instruction.*
2. *I hereby give my consent for emergency medical care for the above named player by the staff of Footworx 5-A-Side, LLC, or anyone else present, to ensure that the most immediate treatment can be obtained. This treatment may be given under whatever conditions are necessary in order to preserve the player's life and/or well-being.*
3. *I hereby release, discharge and hold harmless Footworx 5-A-Side, LLC and its members, officers, agents, employees, and any other persons or entities acting on their behalf against all claims, demands and cause of action relating to injury, illness, disability, death or other harm, to person, property, or both arising from participation of the above named player in indoor Futsal activities at Footworx 5-A-Side, LLC.*
4. *I am aware of and assume all risks and dangers incidental to and inherent in the game of Futsal and in particular, the game of futsal played indoors, including but not exclusively, the danger of being injured by a kicked or thrown soccer/futsal ball, contact with referees, instructors, or other players, field equipment (e.g. Goals, nets, benches, etc.) or facility structures and hereby waive all claims against Footworx 5-A-Side, LLC, and the aforementioned entities and individuals.*
5. *I understand that I am solely responsible for any cost arising out of any bodily injury, property damage, and medical evacuation and rescue expenses sustained through the participation of the above named player in indoor futsal activities at Footworx 5-A-Side, LLC.*
6. *I understand that Footworx 5-A-Side, LLC. May require proof of age for any player and I agree to provide such proof. I understand that anyone found knowingly giving false information to Footworx 5-A-Side, LLC. Is subject to immediate removal from the activity associated with that information and there will be NO reimbursement of fees.*
7. *I agree to abide by and uphold the rules and regulations of Footworx 5-A-Side, LLC., I understand that objectionable conduct or behavior, including but not exclusively limited to, profane or abusive language, physical or verbal intimidation, or fighting towards/with other players, referees, coaches, spectators, staff of Footworx 5-A-Side, LLC. will NOT be tolerated and can lead to immediate removal of the player from the activity, removal of the player from the facility, and/or exclusion of the player from any and all future activities at Footworx 5-A-Side, LLC.*
8. *Permission to use Photographs and Video Footage: I give my permission to Footworx 5-A-Side, LLC. to use sports action or team photographs and /or video footage of the above named player in various Footworx 5-A-Side, LLC. marketing materials including, but not limited to, brochures, flyers, DVD's, guides, and the http://www.footworx5aside.com websites. I waive any claim to monetary compensation in any form from Footworx 5-A-Side, LLC. for this usage.*

I represent that I am the the above named player and that I have read and understand the above statements. I hereby sign my acknowledgement and Agreement:

Signature_____***Printed Name***_____***Date***_____