WAIVER FORM

I hereby agree to participate as a team member in the Soccer Orlando soccer league.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my participation, and I am willing to assume these risks. I hereby certify that I am fully capable of participating in the designated sport and that I am healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In addition to giving full consent for my participation, I do hereby waive, release, and hold harmless the organization named below, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by me in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

_____ (MONTH)_____/(DAY)_____/_____

PLAYER NAME **DATE OF BIRTH**

ADRESS: _____

CITY_____**ZIP**_____

_____ (MONTH)_____/(DAY)_____/_____

SIGNATURE **DATE**