



Adult Player Registration Form

Player Name

ID Number

Address

City, State, Zip Code

Phone (with Area Code)

Date of Birth

Gender

E-mail Address:

TEAM INFORMATION

Circle the appropriate choice:

Add/Drop

Transfer

Dual Registration

Association: _____

Division & Age: _____

Team Name: _____

Transferring from: _____

Adult Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in the **Tennessee State Soccer Association** athletic/sports program and related events and activities, the undersigned:

1. Agree that prior to participating, I will inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise the coach or supervisor of such condition(s) and refuse to participate;
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result from my own actions, inaction, or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time;
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death;
4. Release, waive, discharge and covenant not to sue **Tennessee State Soccer Association**, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors of the premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from demands, losses or damages on account of injury, including death or damage of property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I have read the above waiver and release and understand that I have given up substantial rights by signing it and sign it voluntarily. (Please write legibly.)

Printed Name

Signature

Date

Registrar's Printed Name
05/06/03

Registrar's Signature

Date