

AGREEMENT AND RELEASE

THIS FORM MUST BE SIGNED TO PARTICIPATE

I, THE UNDERSIGNED, IN CONSIDERATION OF RECEIVING PERMISSION FROM FORT WAYNE SPORT CLUB, 3102 ARDMORE AVENUE., FT. WAYNE, IN, TO PARTICIPATE AND PLAY IN A SOCCER TOURNAMENT SPONSORED BY THE FORT WAYNE SPORT CLUB, DO HEREBY RELEASE AND FOREVER DISCHARGE THE FORT WAYNE SPORT CLUB, ITS OFFICERS, AGENTS, EMPLOYEES, AND OTHERS ACTING OFFICIALLY OR OTHERWISE, FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR CAUSE OF ACTION WHATSOEVER, ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE OR INJURY, INCLUDING DEATH, WHICH MAY OCCUR FROM ANY CAUSE DURING MY PARTICIPATION OR PLAY IN THE SOCCER LEAGUE OR ANY ACTIVITIES INCIDENT THERETO.

TEAM-NAME: _____ COMPETITIVE ___ RECREATIONAL ___

*****PLEASE PRINT LEGIBLY*****

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