

## SANTA MONICA ADULT SOCCER LEAGUES



## PLAYER RELEASE OF LIABILITY AND REGISTRATION FORM

TEAM NAME		TEAM MG	R NAME		
Player Full Name		Game	Day		
Male	Female	Date of Birth	Age		
Home Address <sub>-</sub>		Apt.#			
City		Zip Code			
Email Address _					
		Alternate Phone (			
If you are not	a Santa Monic	ca resident, but work in Santa Mo	onica, please complete the following:		
Employer Name	)		Phone ( )		
Employer Addre	ess	City	Zip Code		

Updated contact information is to be provided to the Community Sports Office within 30 days of any changes.

WAIVER, RELEASE AND ASSUMPTION OF RISK: In consideration of my participation in the Santa Monica Adult Soccer Leagues, I hereby waive, release and discharge all claims for damages for death, personal injury, or property damage which may occur as a result of my participation in the soccer league or any activity incident thereto. This release discharges in advance the City of Santa Monica, Santa Monica/Malibu Unified School District (SMMUSD), its officers, agents, servants, and employees, game officials and referees (hereinafter referred to collectively as "CITY") from liability even though that liability may arise out of the CITY'S active or passive negligence or carelessness. I acknowledge that some recreational activities, including soccer, involve an element of risk or danger of accidents, injury and even death, and knowing those risks, I freely and voluntarily assume the risk of injury and/or death and I promise not to sue or exercise any legal right to seek damages from CITY. By this Agreement, I also intend to waive, release and discharge all claims for personal injury, death or property damage caused by the condition of the soccer field or any equipment thereon including goals, nets, flags, balls, markers or cones.

I understand that this WAIVER, RELEASE and ASSUMPTION OF RISK form will remain on file with the CITY and that it will apply to the current season as well as my participation in future seasons in the Adult Soccer Leagues.

I certify that I have no medical condition that would cause participation in the soccer leagues to increase the risk of hazard to my health. In addition, I authorize the CITY to provide or cause to be provided such medical treatment that may be necessary or appropriate if I am injured while participating in the soccer league.

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I hereby consent to the photographing, recording or reproduction in any other manner (including the use of videotapes and audiotapes) of my or my child's likeness, voice and/or soccer activities and further authorize CITY to make unlimited use of such reproductions, including but not limited to, broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation, now or in the future, for participant. I hereby release and hold harmless CITY from any claims that may result from the use of such reproductions.

I have read and understand the rules, guidelines and bylaws of the Santa Monica Adult Soccer League and agree to abide by them. In addition, I understand that good sportsmanship is required and that the League rules prohibit fighting, taunting, spitting, making verbal threats to players, referees or staff and that such conduct will not be tolerated and is cause for expulsion from the league. I understand that failure to abide by them may result in my expulsion from the game and or the League.

Player Printed Name	Player Signature	 Date
Required for players unde	r 18 years of age: Parent	Legal Guardian
Printed Name	Signature	Date

## **Activity Passport**

A City issued photo ID card (Activity Passport) is required for all players. Activity Passport photos are taken at the Community Sports Office at Memorial Park, 1401 Olympic Blvd.,

4pm – 8pm Mon – Fri. 2pm – 8pm Sat & Sun

Must attach proof of Santa Monica residency or proof of employment in Santa Monica for priority team registration.

STAFF USE ONLY	7 vs. 7 Men's	7 vs. 7 Women's	7 vs. 7 Co-ed
	11 vs. 11 Men's	11 vs. 11 Women's	11 vs. 11 Co-ed
Employee Signature		_ Date	