



APPLICATION FOR PARTICIPATION IN ABYSA TOPSOCCER PROGRAM

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

SECTION 1 – PLAYER INFORMATION

Player Name _____ Sex/Gender ___ Date of Birth ___/___/___
 Address _____ Home Phone _____
 _____ Secondary Phone _____
 Parent/Guardian Name _____
 Address (if different from player) _____
 Emergency Contact & number (if other than parent/guardian) _____
 Primary Insurance Carrier _____ Policy # _____

ABYSA TOPSOCCER RELEASE AND WAIVER OF LIABILITY

In consideration of participating in ABYSA TOPSoccer, I represent and understand the nature of the event and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper condition to participate in TOP Soccer events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or minor child's) participation. I acknowledge that at any time that if I (we) feel the event conditions are unsafe; I (and/or my minor child) will discontinue participation immediately.

If during my participation in TOPSoccer activities I (and/or my minor child) should need emergency medical treatment and I (and/or my minor child) am (are/is) not able to give my consent for or make arrangements for that treatment because of my injuries, I authorize ABYSA to take whatever measures are necessary to protect my (and/or my minor child's) health and well-being, including, if necessary, hospitalization.

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless ABYSA, its administrators, directors, agents, officers, volunteers, employees, and other TOPSoccer participants, sponsors, advertisers, and if applicable, any owners, and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of participation in TOPSoccer events and further agree that if, despite this 'Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement' I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I have read this 'Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement' and fully understand it.

Signature of ABYSA participant _____ Date _____

Signature of Parent or Guardian if ABYSA participant is a Minor _____ Date _____