EACH PARTICIPANT (parent of minors) MUST READ AND SIGN THE WAIVER BELOW TO BE ELIGIBLE TO PLAY

San Ramon Soccer Club Participant Waiver of Liability, Assumption of Risk and Indemnification Agreement

1. In consideration of being permitted to participate in the San Ramon Soccer Club activities (hereinafter "SRS activities"), I, for myself, and on behalf of my heirs, personal representatives and assigns, do hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the San Ramon Soccer Club and the City of San Ramon, and its Board of Trustees, officers, employees, agents, and representatives, from any and all liability for any and all damages, losses or injuries to persons or property, which arise out of, occur during or result from my participation in SRS activities.

2. To the best of my knowledge, I am not aware of any physical disability or health-related reasons or problems that would preclude or restrict my participation in SRS activities. I am fully aware of the risks and hazards associated with participating in SRS activities, and I understand that certain, inherent risks cannot be eliminated regardless of the care taken to avoid injuries. I understand that specific risks vary depending on the level and nature of the activity...and can range from minor personal injuries such as scratches, bruises, and sprains, to major injuries such as eye injuries and back or joint injuries, or catastrophic injuries resulting in paralysis or death. I understand that my participation in the SRS activities is purely voluntary, and notwithstanding the risk of injury to my person or property, I elect to participate in the SRS activities, and I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, AND PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me as a result of my participation in such activities.

3. I have sufficient health insurance coverage to provide for and pay any medical expenses that may directly or indirectly result from my participation in SRS activities and competitions. I understand that the San Ramon Soccer Club provides no insurance coverage and does not take responsibility for the payment of any such medical expenses.

4. I agree to INDEMNIFY AND HOLD HARMLESS the San Ramon Soccer Club, its Board of Trustees, officers, employees, agents, and representatives from any and all claims, actions, costs, expenses, damages and liabilities, including attorney's fees, that may be incurred as a result of my participation and involvement in SRS activities.

5. I understand that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California, and that if any portion hereof is held invalid, it is agreed that the remaining terms shall continue in full legal force and effect.

6. By my signature below, I acknowledge and represent that I have read this PARTICIPANT WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT, fully understand and accept its terms, and sign it voluntarily.

Print name of child Birthday Date

Print name of Parent of Legal Guardian Signature

Emergency Phone numbers _____ _____

Doctor's name: _____
Doctor's phone number:_____

Program: _____ Person in charge _____