

Winter Youth Indoor League Roster - Waiver to Play

Year _____ Team Name _____
 Season _____ Age/Grade _____

In consideration for being allowed to participate in any way in the USSF sanctioned play, including play sanction by the US Youth Soccer Association , Kansas State Youth Soccer Association, and USSA, as a player in games, training activities and exercises, and related events and activities, the undersigned:

1. Agrees that the parent(s) and or legal guardian(s) together with their minor participant will, prior to participating, inspect the facilities and equipment to be used, and if they or the participant believe anything is unsafe, he or she should immediately advise his or her 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 not only from their own actions, inaction or negligence, but the action, 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 us or not reasonably foreseeable at this time.
3. Assume all foregoing risk and accept personal responsibility for damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue KANSAS RUSH SOCCER CLUB, US YOUTH SOCCER ASSOC, KANSAS STATE YOUTH SOCCER ASSOCIATION, their affiliated teams and clubs, their respective administrators, directors, agents, coaches and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releases,' from any and all LIABILITY to the participant and the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
5. CONSENT FOR MEDICAL TREATMENT (MINOR) As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.
6. Authorizes Kansas Rush (Olathe Rush) to use at its discretion any photo or video taken of the participant for promotional purposes, including but not limited to print, online, and social networking media and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photo or reproduction thereof. I have read the above statement, understand and agree to the conditions set forth.

WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

The Information above and medical history supplied is correct to the best of my knowledge.

PRINT OR TYPE PLAYER'S NAME, DATE OF BIRTH, GRADE, and have PARENT/GUARDIAN SIGN.

PARENTS/GUARDIANS SIGNATURE SHOULD BE ON THE SAME LINE AS PLAYER'S NAME APPEARS ON THE ROSTER. By signing this roster, parent/legal guardian agrees to the above statements & verifies that the date of birth is correct. Parent/legal guardian of each youth player must sign below. FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my child's involvement in these programs as provided above, EVEN IF ARISING FROM NEGLIGENCE.

INFORMATION WILL NOT BE PROVIDED TO THIRD PARTIES.

	Print or Type Player's Name	Date of Birth	Grade	Parent/Guardian Signature
1				
2				
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TEAM MANAGER'S AFFIDAVIT - I, the manager of the above team, do hereby state that all of the information supplied above is correct to the best of my knowledge and that all of the parents or guardians signed the above in the own handwriting. **Team managers may be asked to provide player birth certificates in the case of protest.**

Manager's Address _____ City/State/Zip _____ Phone _____
 Manager's Printed Name _____ Manager's Signature _____ Date _____