



SOCCERPLUS

THE DICICCO METHOD

1477 Park Street, Suite 13C, Hartford, CT 06106
Tel 860.986.7667 – 800.KEEPER.1
Fax 888-891-4474
soccerplus.org

Individual Information

Last Name _____ First Name _____

Birthdate _____ Gender: Male / Female (circle one) Grade _____

Address (Street, City, State, zip) _____

Home Phone _____ Mother Cell Phone _____ Father Cell Phone _____

E-Mail _____

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way and/or enter upon, use and/or engage in sports activities by SoccerPlus Companies: SoccerPlus Camps, Inc., FSASoccerPlus, LLC dba SoccerPlus CT, SoccerPlus Education Center, 501(c)3 not-for-profit and/or SoccerPlus FC, LLC, including participation in practices, training, programs and/or other events and activities, the undersigned:

1. Agrees that prior to participating, he/she will inspect the facilities and equipment to be used, and if he/she believes anything is unsafe, he/she will immediately advise a representative of SoccerPlus 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, inactions 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 the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death;
4. Release, waive, discharge and covenant not to sue SoccerPlus, or their affiliated clubs, their respective members, administrators, directors, coaches and other employees of said organizations, participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demand, 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. Shall defend, indemnify, and hold SoccerPlus Companies: SoccerPlus Camps, Inc., FSASoccerPlus, LLC dba SoccerPlus CT, SoccerPlus Education Center, 501(c)3 not-for-profit and/or SoccerPlus FC, LLC, its officers, employees, and agents harmless from and against any and all liability, loss, expense, including reasonable attorneys' fees, or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by omissions of the individual or group obtaining services from the SoccerPlus Companies, its officers, agents or employees;
6. Agrees to allow SoccerPlus to utilize the likeness and image of the participant in the form of photographs and/or video for the purposes of marketing and/or promotions.

THE UNDERSIGNED HAVE READ AND ACKNOWLEDGE THAT HE/SHE IS ENTERING INTO THE ABOVE WAIVER AND RELEASE, UNDERSTANDING THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, IT IS MY INTENTION ON BEHALF OF MYSELF OR MY MINOR CHILD TO SPECIFICALLY RELEASE AND SOCCERPLUS COMPANIES: SOCCERPLUS CAMPS, INC., FSASOCCERPLUS, LLC DBA SOCCERPLUS CT, SOCCERPLUS EDUCATION CENTER, 501(C)3 NOT-FOR-PROFIT AND/OR SOCCERPLUS FC, LLC FROM ANY AND ALL CLAIMS ARISING FROM THEIR OWN NEGLIGENCE. I AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS SOCCERPLUS COMPANIES: SOCCERPLUS CAMPS, INC., FSASOCCERPLUS, LLC DBA SOCCERPLUS CT, SOCCERPLUS EDUCATION CENTER, 501(C)3 NOT-FOR-PROFIT AND/OR SOCCERPLUS FC, LLC FROM ANY LIABILITIES, LOSSES, DAMAGES, SETTLEMENTS, CLAIMS, EXPENSES AND COSTS ARISING FROM MY OR MY CHILD'S PARTICIPATION IN THE DESCRIBED ACTIVITY, SAID INDEMNITY TO INCLUDE COURT COSTS AND REASONABLE ATTORNEY'S FEES.

Individual Signature (18 or over) _____ Date _____

Guardian Signature (if minor) _____ Date _____