

COLUMBUS EAGLES FC

I, the undersigned player, acknowledge, agree and understand that:

- 1. I voluntarily and of my own free will, elect to participate in activities sponsored by the Columbus Eagles FC. Furthermore, I agree that I am in good health and proper physical condition to participate in the various activities offered thereby.
- 2. I understand that there are certain risks and hazards involved in participating in the sport of soccer that may result in injury or death to me or other players including, but not limited to those hazards associated with, playing conditions, equipment, and other participants.
- 3. I understand that participating in a sport activity is dangerous to me and to other players and may result in serious injury or death.
- 4. I understand that the very nature of the sport is hazardous and risky, including, but not limited to, the acts of running, jumping, stretching, sliding, diving and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to participate in these activities and in consideration for permission to play:

- 1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing with the team, (b) while serving in a non-playing capacity as a team member during training or play by other players, and (c) while on or upon the premises of any and all facilities arranged for by the team.
- 2. I hereby release, discharge and agree not to sue Columbus Eagles FC, LLC or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Player (Print)	Phone
Address	
Signature of Player (if over 18 years old)	Date

Parent/Guardian Waiver, Release of Liability and Indemnification Agreement

I, the undersigned parent or guardian of the above named minor, acknowledge, agree and understand that:

- 1. The above named minor is in good health and proper physical condition to participate in soccer training.
- 2. There are certain risks and hazards involved in the above named minor participating in soccer training that may result in injury or death to the minor or other players including, but not limited to those hazards associated with, playing conditions, equipment, and other participants.
- 3. I hereby release, discharge and agree not to sue Columbus Eagles FC, LLC, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the Academy for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by the above named minor from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Parent or Guardian	Phone
Address_	
Signature of Parent or Guardian	Date_