

ADULT WAIVER AND CONSENT FORM

I hereby agree to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my participation, and I am willing to assume these risks. I hereby certify that I am fully capable of participating in the designated sport and that I am healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving full consent for my participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by me in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

(Name of Participant) (Date of Birth)

(Street Address) (Town) (State)

Please list any physical limitation (allergies, hearing, sight, etc.) _____

(Participant's Signature) (Date)

Bob Smith Soccer Academy & Robbinsville Fieldhouse LLC Soccer
(Name of Sponsoring Organization) (Designated Sport)