

SEQUIM FC

Soccer Waiver/Release/Registration Form

Please complete form, enclose check payable to: Stormking FC and mail to:

P.O. Box 273 Sequim, WA 98382

Or Sign up and pay online at <http://www.SequimFC.net>

Contact: SequimFC@gmail.com

Registrations and payment due prior to entering the field

Name: _____

Address: _____

City _____ State _____ Zip _____

D.O.B _____ Sex _____ Phone _____

W) Phone _____ Email Address _____

Are you a new player to the league? (yes or no) Team Requests: _____

Outdoor Level of Play: Silver (Rec, coed, 40+) . Gold (Competitive)

Season (Fee) : Winter Indoor (\$25) Spring (\$45) Summer (\$45) Fall (\$45)

Soccer Experience: # years _____ | **Beginner** **Recreational** **High School** **College**

REFUND POLICY

Refunds are automatic when: teams are filled or league is canceled. There are no other refunds after registering for the coed league

Amateur Athletic Waiver and Release of Liability - Read Before Signing

In consideration of being allowed to participate in any way in SEQUIM FC athletic sports program, related events and activities, I the undersigned acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence, or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the **SEQUIM FC**, their directors, officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, from any and all claims, demands, losses, and liability arising out of or related to any injury, disability or death I may suffer, or loss or damage to person or property, Whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.
5. I have read and understand the WA State Concussion education release form (available online and at the in-person registration area).

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

(Participant's Signature)

Date Signed

(Parents Signature)(Required for age less than 18)

Date Signed