



SPORTS BLAST L.L.C
Player's Waiver & Release of Liability



Please print clearly:

First Name _____ Last Name _____ D.O.B ____/____/____

Parent or Guardian (If player is under 18 years of age) _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email address (Primary) _____ (Secondary) _____

I (parent or guardian if applicable) hereby give my consent and agree to release, indemnify, and hold harmless Sports Blast L.L.C. and all personnel including referees, staff management, scorekeeper and owners from any claim arising from personal injury or property damage to the named individual. I understand that Sports Blast L.L.C. does not carry insurance to cover participants in the activity of which I am registered. I understand the hardness of the playing surfaces and dasher-boards, and the roughness of the sport. I grant Sports Blast L.L.C. the right to photograph or video the players in participation in soccer activities, and to use the photographs or video in future brochures and, or commercials.

GUARANTEE OF COMPLIANCE TO RULES OF THE SPORTS BLAST SOCCER L.L.C.
 In the event of any dispute arising between the undersigned agrees to abide with all Sports Blast L.L.C. rules, policies, and Officials. Sports Blast L.L.C reserves the right to impose restrictions and or penalties as a result of noncompliance with Sports Blast L.L.C. rules and policies. Copies of the rules and policies are available at the request of the undersigned in the office of Sports Blast L.L.C. **ALL FEES ARE NON-REFUNDABLE!**

EMERGENCY AUTHORIZATION

I (parent or guardian of the participant, if a minor), do hereby authorize the coaches, assistants, staffs and, or parents of team members to act in capacity of activity supervisors as agents for the undersigned to consent to medical, surgical, or dental examination or treatment, etc... in case of emergency. I hereby authorize treatment and, or care of registered player in any hospital and by medical physician. If there is an emergency and I cannot be reached, please contact the following emergency name and telephone number, (family, friend or neighbor).

In case of emergency contact _____ Phone (____) _____

Family Doctor _____ Phone (____) _____

Health Insurance Co. Name _____ Policy # _____

Authorization of Emergency Care, Acknowledgement of Disclaimer, and Guarantee of Compliance of Rules of Sports Blast L.L.C.
Please read all of the above before you sign

Signature of Player (if 18 or older) _____ Date _____

Signature of Parent (if player is under 18 years of age) _____ Date _____