



Release & Waiver of Liability, Assumption of Risk, Indemnity Agreement and Emergency Contact Form

Participant's Name: _____ **Club Team:** _____
Address: _____ **Phone:** _____
Email: _____

For and in consideration of Participant's involvement in activities of Spokane Foxes Pumas FC, or the activities of any Spokane Foxes Pumas FC team, I, the Participant (or the Participant's parent(s) or legal guardian(s) on behalf Participant, if Participant is a minor) hereby:

1. Relinquishes and waives any and all claims and causes of action for personal injury, property damage or wrongful death in connection with, relating to or arising from any and all Spokane Foxes Pumas FC events and activities, wherever and however such person's injuries, property damage, or wrongful death may occur. In the language which follows, any reference to a "Participant" includes the Participant and any and all of the Participant's parent(s) or guardian(s) signing on behalf of such Participant, and "Spokane Foxes Pumas FC Activities" means any Spokane Foxes Pumas FC events and member team activities;

2. Acknowledges, understands, has full knowledge of, and assumes all risks inherent in each and all Spokane Foxes Pumas FC Activities and understands that all sports and activities, specifically including soccer and training activities, involve risks to Participant, including possible bodily injury, partial or total disability, paralysis, death and other injuries and damages which may arise there from. Participant further acknowledges and understands: (a) that such risks and dangers may be caused by the negligence of Participant and/or the negligence of others, including the "Releasees" identified below (see paragraph 7); and, (b) that there may be risks and dangers in connection with or relating to Spokane Foxes Pumas FC activities not know or reasonably foreseeable at the present time.

3. Acknowledges, understands and assumes the risks arising from use of or presence at facilities or premises at which Spokane Foxes Pumas FC activities take place. Participant further acknowledges, understands and agrees that included within scope of this Agreement are many claims and/or causes of action: (a) arising from the performance or failure to perform maintenance or inspection or supervision or control of such facilities or premises; and (b) relating to failure to warn of dangerous conditions existing in or at such facilities or premises; and (c) arising from negligent selection, appointment or retention of any Releasees; and (d) arising from negligent supervision or instruction by any Releasees.

PARTICIPANT UNDERSTANDS AND AGREES THAT AN EXPRESS PURPOSE OF THIS AGREEMENT IS TO EXEMPT, WAIVE AND RELEASE RELEASEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE AND WRONGFUL DEATH CAUSED BY NEGLIGENCE, INCLUDING ANY NEGLIGENCE BY ANY RELEASEE.

4. Acknowledges and agrees that the Spokane Foxes Pumas FC activities in which he or she is participating are dangerous and involve the risk of serious injury and/or death and/or property damager. Participant further expressly agrees that the foregoing release, waiver, and indemnity provisions are intended to be as broad and inclusive as is permitted by the law of the State of Washington and that if any portion of this document is held invalid, it is agreed that the balance

shall continue in full legal force and effect.

5. Agrees for himself or herself and on behalf of all heirs, assigns, personal representatives and next of kin, that if any claims or causes of action relating to Participant's personal injury or wrongful death or for property damages relating to or arising out of any Spokane Foxes Pumas FC activities is made or commenced against any Releasee, Participant shall defend, indemnify and hold harmless such Releasee from such claims or causes of action and all damages and liabilities relating thereto, including reasonable attorneys' fees and costs and expenses to defend.

6. Agrees that if at any time they believe that anything is unsafe, they will immediately advise their coach or supervisor of such conditions and refuse to participate.

7. "Releasee" means Spokane Foxes Pumas FC, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, any owners and operators of facilities and premises used for Spokane Foxes Pumas FC activities, as well as any and all officers, directors, agents, employees, and representatives of any of the foregoing.

PARTICIPANT ACKNOWLEDGES THAT HE OR SHE (A) HAS READ ALL OF THE ABOVE PARAGRAPHS; (B) HAS NOT RELIED UPON ANY UNWRITTEN OR SPOKEN REPRESENTATIONS OF ANY RELEASEE THAT WOULD ALTER THE CONTENT OF THIS DOCUMENT; (C) HAS TO THE BEST OF HIS OR HER KNOWLEDGE AND TO HIS OR HER SATISFACTION BEEN FULLY ADVISED OF THE RISKS AND POTENTIAL DANGERS OF SOCCER ACTIVITIES; AND NOW (D) SIGNS THIS AGREEMENT VOLUNTARILY, WITHOUT ANY INDUCEMENT AND WITH KNOWLEDGE THAT THIS AGREEMENT IS NECESSARY IN ORDER FOR SPOKANE FOXES PUMAS FC TO OFFER TRAINING AND COMPETITION OPPORTUNITIES.

Signature: _____
(If participant is under the age of 18, parent/legal guardian signature required)

Date: _____

As specifically set forth above, I, the Participant (or Participant's parent(s) or legal guardian(s) on behalf Participant, if Participant is a minor), understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment that might inhibit my safe and active participation in any Spokane Foxes Pumas FC activity. In addition, I understand that Spokane Foxes Pumas FC does not provide medical insurance coverage for activity and event participants and that any applicable medical insurance coverage is to be provided individually by each participant. In the case of injury or medical emergency and in the event participant, or their parent or guardian, cannot respond at the time of the emergency, Spokane Foxes Pumas FC is hereby given permission to seek, administer, or have administered whatever first aid or emergency medical care is deemed necessary for participant's health and welfare and it is understood that each participant, and specifically not Spokane Foxes Pumas FC or any Releasee as defined above in paragraph 8, shall be responsible for any charges for such health care services whether participant's medical insurance would cover incurred charges, fees and expenses or not.

Signature: _____
(If participant is under the age of 18, parent/legal guardian signature required)

Date: _____

Printed Name: _____

Phone: _____

Emergency Contact Information:

Contact's Name: _____ **Relation:** _____ **Phone:** _____