



Office Use Only:
Date Card Issued: _____
Picture Taken: Yes/No _____
Admin Initials: _____
Valid Dates: _____
_____

## Adult Open Play Pass- Registration & Waiver Form

**Sport Desired:** (Circle) Basketball Volleyball Soccer Baton Other \_\_\_\_\_

### Individual Player Information

Full Name: \_\_\_\_\_ Gender: (Circle) Female Male

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Payment Information:** (Circle One) Monthly Pass-\$35 Three Month Pass-\$90

**Credit Card:** (Circle) Visa MasterCard DISCOVER

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Full Name of Card Holder: \_\_\_\_\_

**Check:** (Make all checks payable to the Adventist HealthCare Fieldhouse) Number \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Cash:** All cash payments must be made in person

### Consent and Liability Waiver - Release of all claims (must be signed to participate)

As lawful consideration for being permitted to participate in the Adventist HealthCare Fieldhouse Indoor League, Camp, Clinic or Program. I agree that I will not make a claim against, sue, attach the property of or prosecute Maryland Soccer Foundation, Adventist HealthCare Fieldhouse, Maryland SoccerPlex and their agents, sponsors and employees for damages for death, personal injury or property damage which I may sustain as a result of my participation in these sporting activities. This release is intended to discharge in advance Maryland Soccer Foundation, Adventist HealthCare Fieldhouse, Maryland SoccerPlex and their agents, sponsors and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my participation in the sports league, camp or clinic except for liability that may arise out of the willful or wanton misconduct of Maryland Soccer Foundation, Adventist HealthCare Fieldhouse, Maryland SoccerPlex and their agents, sponsors and employees.

I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF, KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS MARYLAND SOCCER FOUNDATION, ADVENTIST HEALTHCARE FIELDHOUSE, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME (OR MY HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older, am physically fit and have no known medical conditions which prohibit participation in this sport. I agree to follow all laws, rules and guidelines regulating the conduct of the sports league, camp or clinic. I understand and agree that I am solely responsible for the mechanical and/or operating condition of any and all sporting equipment I use, and I agree to continuously inspect and maintain that equipment, even if I have obtained any of the equipment from Maryland Soccer Foundation, Adventist HealthCare Fieldhouse, Maryland SoccerPlex, their agents, sponsors and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND MARYLAND SOCCER FOUNDATION, ADVENTIST HEALTHCARE FIELDHOUSE, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I also agree that Maryland Soccer Foundation, Adventist HealthCare Fieldhouse, Maryland SoccerPlex and their agents, sponsors and employees may use my photograph in future promotions.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_