

Team Roster Form – Adult 7v7 Outdoor Soccer League

League Type: (Check) Coed Open Men’s Open Men’s 30+ Men’s 40+ Men’s 50+ **Date:** _____

Day of the week: _____ **Session:** _____ **Team Name:** _____

Captain Name: _____ **Contact Number:** _____

Name	Temperature	No symptoms	Signature

As lawful consideration for myself being permitted to participate in the League at the Maryland SoccerPlex or Adventist HealthCare Fieldhouse. 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, 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, THE RISKS OF INJURY AND ILLNESS (EX: COMMUNICABLE DISEASES SUCH AS MRSA, INFLUENZA, AND COVID-19) TO MYSELF FROM THE ACTIVITIES INVOLVED IN THESE PROGRAMS ARE SIGNIFICANT, INCLUDING THE POTENTIAL FOR PERMANENT DISABILITY AND DEATH, AND WHILE PARTICULAR RULES, EQUIPMENT, AND PERSONAL DISCIPLINE MAY REDUCE THESE RISKS, THE RISKS OF SERIOUS INJURY AND ILLNESS DO EXIST AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT I ASSUME THOSE RISKS AND 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 FOR DAMAGES.

I attest that I am eighteen (18) years old or older, and that I am physically fit and has no known medical conditions which prohibit participation in this sport. I agree to follow all laws, rules and guidelines regulating the conduct of the league held at the Maryland SoccerPlex and Adventist HealthCare Fieldhouse. I understand and agree that I am responsible for the mechanical and/or operating condition of any and all sporting equipment provided by me for my use, and I agree that I will continuously inspect and maintain all equipment used, even if we 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 FOR A CONTRACT BETWEEN MYSELF AND 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 Adventist HealthCare Fieldhouse, Maryland SoccerPlex and their agents, sponsors and employees may use my child’s photograph in future promotions.