



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

Adult Open Play Pass- Registration & Waiver Form

Mail to: 18031 Central Park Circle, Boyds, MD 20841 or bring to the Adventist HealthCare Fieldhouse. Call 301-528-1480 if you have any questions or need directions.

Sport Desired: (Check) Basketball Volleyball Soccer Baton Other

Individual Player Information

Name: _____ Gender: (Check) Female Male

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip _____

Best Contact Number: _____ Alternate Contact Number: _____

Fax: _____ Email: _____

Emergency Contact: _____ **Phone Number:** _____

Payment Information: (Check One) Monthly Pass-\$40 Three Month Pass-\$100

Credit Card: (Check) Visa MasterCard DISCOVER AMEX Other

Card Number: _____ Expiration Date: _____ Security Code: _____

Signature of Card Holder: _____ Billing Zip Code: _____

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

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, or clinic 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, THE RISKS OF INJURY AND ILLNESS (EX: COMMUNICABLE DISEASES SUCH AS MRSA, INFLUENZA, AND COVID-19) TO MYSELF AND/OR MY CHILD 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 MY MINOR CHILD AND 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, MY MINOR CHILD (OR OUR 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: _____