

THOMPSON OKANAGAN FC

PLAYER NAME _____

BIRTHDATE _____ **GENDER** _____
 Day / month / year

PHONE _____ **EMAIL** _____
 Please print legibly!

ADDRESS _____
 Apt / Street Address City Postal Code

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT.
 BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

ACTIVITIES, PROGRAMS, EVENTS AND PERSONS COVERED BY THIS RELEASE AGREEMENT

READ CAREFULLY

This Release Agreement applies to the use of all facilities, whether indoor or outdoor, premises, equipment and participation in all activities, programs and events organized, managed or supervised by Vernon Soccer Association/North Okanagan Youth Soccer Association including all soccer and other training activities, warm-up activities, games, matches and any similar or related activities (collectively "Soccer" and/or "Activities").

This Release Agreement applies to and protects the Vernon Soccer Association/North Okanagan Youth Soccer Association and their respective officers, directors, employees, agents, independent contractors, subcontractors, representatives, successors and assigns and all instructors, coaches, managers, volunteers, sponsors, officials and officers in any way involved or connected with Soccer and/or Activities and other participants while involved in Soccer and/or Activities (collectively the "Releasees").

ASSUMPTION OF RISKS

I am aware that the activity of Soccer, sports and other physical activity involves many risks, dangers and hazards, inherent or otherwise, including, but not limited to risk of serious injury or death and negligence on the part of the Releasees, which includes failure by the Releasees to take reasonable steps to safeguard or protect me from injury or from risks, dangers or hazards of participation in Soccer or other Activities.

Registrant's Initials Here

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Releasee permitting my participation in Soccer and Activities, I hereby agree as follows:

- To waive any and all claims that I have or may have in the future against the Releasees arising out of my participation in Soccer and/or the Activities and to release the releasees from any and all liability for any loss, damage, expense or injury including death that I, or my next of kin, may suffer during or because of my participation in soccer and/or the activities due to any cause whatsoever, including negligence, breach of contract, breach of warranty, or breach of any statutory or other duty of care, including under the occupiers liability act, on the part of the releasees;
- To hold harmless and indemnify the releasees from any and all liability for any loss, damage, injury or expense to any third party, resulting from my participation in Soccer and/ or other Activity;
- To comply with all rules and regulations imposed by the Vernon Soccer Association /North Okanagan Youth Soccer Association from time to time upon participants;
- This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity; and
- This Agreement shall be governed by and interpreted in accordance with the laws of the Province of British Columbia and the courts of British Columbia shall have sole jurisdiction over any litigation or proceedings.

I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

MINOR PARTICIPANT:

I AM THE LEGAL GUARDIAN OF THE PARTICIPANT HEREIN AND AM EXECUTING THIS RELEASE ON BEHALF OF THE PARTICIPANT IN MY CAPACITY AS THE PARTICIPANT'S GUARDIAN. BY EXECUTING THIS RELEASE, I AGREE TO RELEASE THE RELEASEES FROM ALL CLAIMS I OR THE PARTICIPANT MAY HAVE AGAINST THE RELEASEES AND SPECIFICALLY AGREE TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES FROM ANY AND ALL LIABILITY THAT THEY MAY INCUR

Name of Guardian

 Signature of Guardian

Date: _____, 20____

Name of Witness

 Signature of Witness

Date: _____, 20____

This agreement MUST be submitted to the VSA Soccer office FULLY completed, signed, dated & witnessed PRIOR to entering the turf area of the VANTAGEONE INDOOR SOCCER CENTRE