

FREE AGENT REGISTRATION

NAME: _____

PARENTS NAME (If Under Age 18): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____ - _____

ALT. PHONE: (_____) _____ - _____

EMAIL: _____

LEAGUE: (i.e. Men's Rec. or Men's Intermediate): _____

DATE OF BIRTH: ____/____/____ AGE: _____

WAIVER OF LIABILITY

I / We understand that the participant named above (hereafter, the "Participant") has made application to be enrolled in an activity conducted at, sponsored by or involved in any way with Corner Kick Indoor Soccer (hereafter referred to as "CKI"). The undersigned participant and/or their parents or legal guardian acknowledge that:

- I / We understand that there are risks of personal injury associated with the participation in sports training programs, events, and activities, which can result in temporary or permanent disabilities and severe personal loss and economic damages.
- I / We understand that CKI provides no pre-enrollment medical examination and takes no responsibility for monitoring and assessing the health and physical condition of the participant.

IN CONSIDERATION OF THE ACCEPTANCE OF THE PARTICIPANT'S APPLICATION / REGISTRATION TO ENROLL IN THE CKI PROGRAM, AND WITH THE KNOWLEDGE OF THE ASSOCIATED RISK TO THE PARTICIPANT, I / WE AGREE TO THE FOLLOWING:

- I / we consent to the participant enrolling in the CKI program, and participating in the events and activities which constitute the program.
- I / we will instruct the participant to review and carefully follow all of the CKI guidelines, rules and procedures of safety and general deportment while on the CKI premises, whether or not the participant is engaged in training events or activities at the time.
- I / We grant accept and assume full responsibility for consulting with a doctor about the CKI sports program and hereby warrant, represent, and state that the participant named below is in good physical condition and that the participant has no disability, impairment, or ailment that would prevent him/her from engaging in the CKI program of any of the events or activities or that would be detrimental to his/her health, safety, comfort or physical condition. In the case of emergency I / We grant permission for medical treatment to be given at a local hospital.
- I / We accept and assume all risk and responsibility for accidents, illness, injury, and /or damages which may result from the Participant traveling to or from or participating in any of the events or activities associated with the CKI program, and hereby waive, release and discharge CKI, its officers, directors, employees, and agents or anyone associated with CKI from any and all liabilities therefore.

I / WE HAVE READ THE FOREGOING AND UNDERSTAND THAT ITS TERMS INCLUDE MY/OUR CONSENT AND MY/OUR AGREEMENT TO TAKE CERTAIN ACTIONS, TO ASSUME CERTAIN RESPONSIBILITIES AND TO RELEASE CKI FROM CERTAIN LIABILITIES. I / WE SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature: _____

-Or if under age 18-

Parents or Legal Guardians Signature: _____ Date: ____/____/____