



THE FIELD '07-08 Youth Liability Waiver



ALL FIELDS MUST BE COMPLETED IN ORDER TO PARTICIPATE!

THE FIELD

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Player's Name: _____ Age: _____ Birthday: ____/____/____

Team's Name _____ Coach Name: _____

Father's Name: _____ Mother's Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Home #: (____) _____ Work or Cell #: (____) _____

Emergency Contact Name & #: _____

School: _____ Grade: _____

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I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of the above listed minor applicant/participant acknowledge and fully understand that the applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from the actions, inactions or negligence, of the applicant/participant, but also the action, inaction or negligence of others, the rules of play or the condition of the premises or of any equipment used, and further, that there may be other unknown risks not reasonably foreseeable at this time. Having full knowledge of the above, the applicant/participant assumes all the foregoing risk and accepts personal responsibility for the damages following such injury, permanent disability or death, and hereby releases, discharges and covenants to indemnify and not to sue The Field in Pacific, LLC, as owners and/or The Field Management Company, LLC, as lessors of premises used to conduct the events, all of which are hereinafter referred to as 'release(s)', from any and all liability of the applicant/participant, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant/participant as a result of his or her participation in the programs, activities and/or the act of being transported to or from the same, which participation, after careful consideration, the applicant/participant hereby authorize, and which transportation the applicant/participant hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the programs and/or activities. The applicant/participant gives his or her consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel provide him or her with medical assistance and/or treatment and agrees to be financially responsible for the reasonable cost of such assistance and/or treatment. The applicant/participant, also agrees to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of a releasee. The undersigned has read the above waiver/release and understands that the applicant/participant has given up substantial rights by signing this release and signs below voluntarily.

Signature of Applicant (Parent/Guardian): _____ Date: ____/____/____

OFFICE USE ONLY	WAIVER COMPLETE _____	PLAYER CARD PAID FOR _____
	PLAYER CARD PHOTO TAKEN _____	PLAYER CARD GIVEN TO COACH _____