

**HAWAII SOCCER ASSOCIATION
PLAYER REGISTRATION FORM 2007 TO 2008**

NAME: _____ , _____
Last First

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____ SEX: M F

PHONE: H _____ Cell or Bus _____

EMAIL ADDRESS: _____

BIRTHDAY: MONTH _____ DAY _____ YEAR _____ US CITIZEN: YES NO

LEAGUE: MISO TEAM: Vaiete

If you are currently registered with a CSAH, HRSL, MISO, WISA or other Hawaii HSA affiliated League, please circle or print the appropriate League and provide us with the team's name: _____

In consideration of being allowed to participate in any way for the **United States Adult Soccer Association, Inc., Its Affiliates, Leagues, and Member Teams**, its related events and activities, the undersigned, acknowledges, appreciates and agrees that:

- 1) The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for participation; and
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the **United States Adult Soccer Association, Inc. Its Affiliates, Leagues and Member Teams**, their officers, officials, agents and/or employees, other participants sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FORM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date signed _____
Participant's Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasee, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Age: _____ Date signed _____
Parent/Guardian's Signature