

# TEAM ROSTER/WAIVER

## ACTION INDOOR SPORTS

### 2016-2017 YOUTH LEAGUE

TEAM NAME: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_

TEAM CONTACT: \_\_\_\_\_

Participants should be aware of the possible risks that are inherent in the nature of some of the activities. There risks include, but are not limited to, the potential for accidents or illness while participating. Every attempt is made to minimize the existing risks through proper sports equipment, safe facilities, and sound safety practices. However, participants should realize these risks couldn't be eliminated. [By affixing your child's name to the team roster, you understand that they are participating in the Action Indoor Sports 2016-17 Youth League at their own risk, and hereby agree to indemnify and hold harmless Action Indoor Sports, its staff members, and the Action Indoor Sports owners from any liability in connection with the activity.](#) In addition, by affixing your name to the roster you understand that this event does not carry any medical or accident insurance, which benefit *your*, should *your child* be injured in this soccer competition.

I, (Print Name) \*\*\* see table below affirm that I am aware of my child's physical condition, that we are voluntarily participating, we are aware that such participation may result in possible injury as a result of the nature of the sport, and that we are assuming any risk that may be involved in the sport. In addition, I do hereby release [Marcum Capital \(Owner of the building\), its staff members, and the Action Indoor Staff](#) of any and all responsibility of liability in case of any personal injury sustained by my child or damage of property of others caused by my child while participating in the soccer league. We have read and understand the above statements and will carry them out to the best of our abilities.

\*\*\* please have parents sign by their child's name.

	Athlete's Name	PARENT SIGNATURE	DATE	
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