

**FALL 2022 SAN LUIS OBISPO WOMEN'S SOCCER (SLOWS) ROSTER AND WAIVER RELEASE FORM**

**PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FOR SAN LUIS OBISPO WOMEN'S SOCCER (SLOWS)**

In consideration of being allowed to participate in any way in the program, related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, contraction of communicable diseases (including COVID-19), and death.
- **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 the responsibility for my participation.
- I further understand I am not eligible to participate while pregnant.
- I willingly agree to comply with the terms and conditions for participation, including any precautions implemented with respect to communicable diseases, including COVID-19. If I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
- I, for myself and on behalf of my heirs, assigned personal representatives and next of kin, **HEREBY, RELEASE, INDEMNIFY, AND HOLD HARMLESS THE SAN LUIS OBISPO WOMEN'S SOCCER** organization, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES) from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY, DISEASE, OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

TEAM NAME	TEAM REPRESENTATIVE	TEAM REP EMAIL ADDRESS	TEAM REP PHONE NUMBER
TEAM COLOR(S)	ALTERNATE TEAM REP.	ALT. TEAM REP. EMAIL ADDRESS	ALT. TEAM REP. PHONE NUMBER

READ ASSUMPTION OF RISK AGREEMENT ON PAGE ONE BEFORE SIGNING.

BY SIGNING MY NAME BELOW, I HEREBY CERTIFY THAT I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK MANAGEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

	<b>Name</b>	<b>Signature</b>	<b>D.O.B</b>	<b>Email address</b>	<b>Phone</b>
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