*Serenity**So**ccer-Fest! 2017*

Roster and Waiver

TEAM NAME:_____ DIVISION:_____

TEAM MANAGER:_____PHONE:_____ EMAIL:_____

STREET ADDRESS:_____ CITY_____STATE_____ZIP:_____

CAPTAIN:_____PHONE:_____EMAIL:_____

PRIMARY JERSEY COLOR:_____ ALTERNATE:_____

Please read and sign – Your signature indicates that you have read, understood, and agreed to these provisions:

In consideration for being allowed to participate, in any way, in the Serenity Soccer-Fest and related events and activities, the undersigned:

1. Agree that prior to participating, they will inspect the facilities and equipment to be used, and if they believe anything to be unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but also that of others, the rules of play, or the condition of the premises and equipment used. Further, there may be other risks not known to Serenity or reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
4. Release, waive, discharge and covenant not to sue Serenity, its affiliates, their respective administrators, directors, agents, coaches, and any other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and (if applicable) owners and leasers of premises used to conduct the event, all of which are herein after referred to as "releasees," from demands, losses or damages on account of the injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. Understand that while Serenity does maintain liability insurance, this insurance does not include coverage for loss or damage to personal possessions; such insurance is the responsibility of the undersigned.

LAST NAME, FIRST	BIRTH YEAR	Signature	Email:

Signature of Team Manager_____ Date_____

For Serenity Use Only

Date Received: _____ Check_____ Credit Card_____ Cash_____ Received by :_____