

IPSL League Participation Waiver

This form must be completed for each soccer player, or Team Captain for the Squad, and, if the player or participant is under 18-years old, must be signed by the player's parent or legal guardian.

No player will be allowed to participate in the league or Cup games without this form, properly executed, and on file.

PARTICIPANT'S NAME (type or print): _____

PARTICIPANT'S DATE OF BIRTH (mm/dd/yyyy): _____

I, the undersigned, in consideration for my voluntary participation in organized soccer, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that: My player status will be kept in good standing. I will not compromise myself in such a way as to do harm to the league or tournament, knowing that players may be dismissed from participation, with possible loss of payment or dues, for violent conduct or unsportsmanlike behavior on or off the field of play. I agree to pay for any and all damages to any property or indemnities caused by me willfully, negligently, or otherwise.

Soccer is a physical, contact, sport that involves the risk of injury. I assume all risks and hazards associated with my participation in the sport. I am in proper physical condition to participate in soccer practices and games and have no illness, disease or existing injury or physical defect that would be aggravated by my participation. I will inform my coach if this status changes. I further acknowledge that this risk may involve loss or damage to me or my property, including the risk of death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I have a current medical consent form in force. I will wear shin guards, properly-fitted and appropriate shoes, and other protective equipment (e.g., mouth-pieces), as provided by soccer rules, to all events. Injuries incurred from not wearing these equipment are my sole responsibility.

The league or tournament does not have personal injury insurance that covers my participation. Therefore, I should have a current, active, personal injury insurance policy in force, which covers my participation. Under any condition, I am responsible for any and all medical expenses arising from my participation, both in games and while travelling to and from these events. I have the right and responsibility to inspect the equipment and facilities prior to events and, if I believe that anything may be unsafe, I will advise the league administrators of the condition and may refuse to participate. Participation assumes consent.

I authorize my photograph, picture or likeness, and voice to appear in any documentary, promotion (including advertising), television, video, or radio coverage of the league or tournament, without compensation.

I authorize that an unaltered copy of this form may be generated and given to the officers or directors of other leagues or tournaments in order to allow my participation in their soccer programs, if the form is required and I have requested to participate.

I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, the United States Soccer Federation, the State Association, the Club, the league and tournament, their associated directors, administrators, officers, managers, employees, coaches, trainers, volunteers, sponsors and advertisers, and other agents, estates or executors, from any and all liability incurred in the conduct of, and my participation in, their soccer programs. This includes owners, lessors, and lessees of premises, municipalities, government agencies, successors, heirs, and assigns.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

If signing this form as a captain, I acknowledge that it is my responsibility to ensure that each member of my squad has read, understood, and signed this form prior to participation in the league. Failure to do so makes me personally liable in an event of injuries to and damages to or caused by a player of my squad.

COVID-19 Section

I agree that I am personally responsible for my safety and actions while participating in the IPSL Soccer League (IPSL). I agree to comply with all IPSL policies and rules, including but not limited to all IPSL policies, guidelines, signage, and instructions. Because the IPSL soccer matches increase interactions between individuals, I recognize that I am at higher risk of contracting COVID-19.

1. With full awareness and appreciation of the risks involved, I, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby forever release, waive, discharge, and covenant not to sue the IPSL, its board members, officers, agents, servants, independent contractors, affiliates, employees, successors, and assigns (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by me related to COVID-19 whether caused by the negligence of the Released Parties, any third-party using the IPSL, or otherwise, while participating in any activity while in, on, or around the IPSL and/or while using any IPSL rented facilities, tools, equipment, or materials.

2. I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims

made by or against any of the Released Parties due to bodily injury, death, loss of use, monetary loss, or any other injury from or related to my use of the IPSL rented, tools, equipment, or materials, whether caused by the negligence of the Released Parties or otherwise specifically related to COVID-19.

3. By signing below I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed, including without limitation the IPSL COVID-19 protocols contained in this document; I am sufficiently informed about the risks involved in playing IPSL to decide whether to sign this document; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this document for full, adequate, and complete consideration fully intending to be bound by the same. I agree that this Waiver of Liability shall be governed by and construed in accordance with New York law, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Waiver of Liability as a whole. This waiver remains in effect until the State of New York lifts all COVID-19 related mandates.

For those individuals eighteen (18) years of age and older:

Participant's Name (PRINT)	Participant's Signature	Date Signed
_____	_____	_____

For those individuals under the age of eighteen (18) years (minor):

As the parent and natural guardian or legal guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the participant (player/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

Parent/Guardian (PRINT)	Name	Parent/Guardian Signature	Date Signed
_____	_____	_____	_____

