

# MSA Soccer

## Player Registration Form

2014-2015 Season



PLEASE PRINT CLEARLY

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  
mm / dd / yyyy

Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

Secondary Email \_\_\_\_\_

School \_\_\_\_\_

Grade (upcoming fall) \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

### Waiver of Liability, Indemnity Agreement and Assumption of Risk

In consideration of permission to use, today and on all future dates, the property, facilities, and services of MSA and the facilities and staff of MSA and Erie Premier Sports and any other facility used during MSA programs, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release waive, discharge and covenant not to sue MSA, it's Directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from both ordinary and gross negligence of MSA or any of the aforementioned parties. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from participation in MSA activities including, but not limited to, organized activities, classes, camps, observation, and individual use of the facilities, premissis, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

I also agree to hold harmless and indemnify MSA from all claims resulting from negligence and to reimburse them from any expenses incurred as a result of my involvement with MSA. I further agree to pay all costs and attorney's fees incurred by MSA in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that MSA is not responsible for injury or loss.

The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as it is permitted, by the State of PA and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect. I agree that if legal action is brought, it must be brought in Erie County, PA.

Signature \_\_\_\_\_

Date \_\_\_\_\_