

TEAM ROSTER

TEAM NAME: _____ **TEAM MGR:** _____ **PHONE #:** _____

In consideration of the services of Chatsworth Arena Soccer League and by signing this Agreement below, I agree to WAIVE any claims as well as RELEASE and forever discharge Chatsworth Arena Soccer League, its subsidiaries, agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CASL") from any and all claims, demands, or causes of action, which are in any way connected to my participation in this activity or my use of CASL services, equipment, or facilities, including any such claims which allege negligent acts or omissions of CASL I further agree to defend, indemnify and hold harmless CASL for and from any such claim.

I understand and acknowledge that soccer involves known and unanticipated risk that could result in physical or emotional injury, paralysis, death, and damage to the named player, to property, or to third parties. I understand that such risk simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things, broken bones, sprains, strains, and other soft tissue injuries, bruises, abrasions, lacerations, dental injuries, concussions, spinal cord injuries, and death. Furthermore, I understand and acknowledge that CASL coaches and referees have difficult jobs to perform and they seek to insure the safety of all participants, but they are not infallible. I expressly agree and promise to accept and assume all of the risk existing in any activity involving the services, equipment or facilities of CASL. My participation in any activity is purely voluntary, and I elect to participate in spite of the risk. I have read the rules and regulations and agree to abide by them. I further understand that if I am under the age of 18, I cannot sign this agreement on my own behalf but must have my parent or guardian's signature. All participants must sign this release prior to entering the field of play.

I FURTHER UNDERSTAND THAT I WILL BE FINED, SUSPENDED OR EXPELLED FROM CASL FOR FIGHTING OR UNSPORTSMAN'S LIKE CONDUCT!

	PLAYER' NAME	DATE OF BIRTH	ID #	SIGNATURE
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