

AKRON INDOOR SOCCER INC.
Waiver and Release of Liability

TEAM NAME _____

DIVISION _____

I acknowledge and understand that AKRON INDOOR SOCCER INC. (Licensors) have granted me permission to use the AKRON INDOOR SOCCER FACILITY without any supervision and solely ay my own risk. I knowingly and voluntarily assume all risk and injury or loss to which I may be exposed, and release the Licensors from any and all liability and wave all rights which I may have against the Licensors arising out of side use.

	Print Players Name	Players Signature	Date	DOB	Home Phone
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Coach/Team Manager Certification: I _____ hereby certify that all signatures are true and correct.

Coach / Team Manager Signature _____

Date _____

Phone _____

Email _____