

Florida West F.C. Tryout Waiver



| Name of Player: | | |
|--|--|--|
| Age: | _ DOB:/ | / |
| Parent / Guardian: | | |
| Address: | | |
| City: | State: | Zip: |
| Home Phone: | Cell Phone: | |
| E-Mail Address: | | |
| On my own behalf and on the behalf of my heir indemnify and hold harmless NFM Soccer Club, Officers, Directors, Employees, Agents, Shareho all sites at which NFM Soccer Club/NYS Soccer C F.C. related activity including will understand and acknowledge that dangers of putraining sessions, and I expressly and voluntaring games and training sessions, including but not like latent or obvious defects in any facilities or equivalent fully know the number or magnitude of all clarelease is being signed in consideration of the open signed | dian of the participant affirms having have this agreement reviewed by parts, successors and assigns, I hereby to ANYS Soccer Club/Florida West F.C. colders, Members, Partners, Represe Club/Florida West F.C. and any NFM ithout limitation clinics, try-outs, gas personal injury are inherent in particly assume all risk of death or personal to the risks incurred in all the puipment used. I acknowledge the paims, and agree that this release is | ng read it and acknowledges having had articipant's counsel. Forever release and discharge and agree to and all its related properties each of their intatives, and all Owners and Operators of Soccer Club/NYS Soccer Club/Florida West mes and training sessions. Cipation in soccer clinics, try-outs, games or hal injury sustained in the clinics, try-outs, see activities and those arising from hidden, ossibility that my successors or I may not a full and final release of all claims. This Club/NYS Soccer Club/Florida West F.C. It is |
| Parent/Guardians signature | | Date/ |