Participant Release of Liability and Requirement:
READ BEFORE SIGNING

Organization Name: Grand Valley Adult Soccer LLC dba: GVAS

Event Name – ALL DIVISIONS & SEASONS PARTICIPATING IN FROM DATE BELOW FORWARD

Participant Name: _____

(Please Print Clearly)

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for paralysis and death.

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation.**

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participating and bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns personal representatives and next of kin, **HERBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** Grand Valley Adult Soccer LLC, Skyline Sports LLC, City of Grand Junction, Grand Junction FC and any and all affiliates, its officers, officials, agents, and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES) from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ _____ _____

Player/Participant Signature | Date of Birth | Date

_____ _____

Emergency Contact Name | **Phone Number(s)**

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE
(Under age 18 at the time of participation)

This is to certify that I, as a parent/guardian with legal responsibility for the above named participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

_____ _____ _____

Print Name Clearly | **Parent/Guardian Signature** | **Date**