



PLAYER RELEASE OF LIABILITY FORM

Please print the following:

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ PLAYER DATE OF BIRTH: _____

EMAIL: _____

I, as parent/guardian of the aforementioned child, give permission to Indiana Magic Soccer Club to coach/train my child for the 2009/2010 season. I agree to pay the \$100 deposit required at the time of registration to be placed on any team, the registration fees, training fees, uniform fees, and any other fees due as agreed upon with the Club Treasurer. I understand that the full amount is due before my child will be allowed to train or play in games. I am aware that we are committing our child the Indiana Magic Soccer Club for a ONE YEAR commitment for the 2009/2010 year.

I acknowledge that we will be charged an interest of 5% per month if more than 30 days late from the agreed upon date(s) and my child will be removed from the Indiana Magic Soccer Club roster. I will also be responsible for all legal fees associated with obtaining the amount owed. If this occurs, my child will not be registered for future seasons without payment in full up front.

I, the undersigned parent or guardian, do hereby release, discharge and waive any or all rights of action which I, my child, or assigns may ever have against the Indiana Magic Soccer Club, or against any persons acting on their behalf in connection with the said club's programs, at any time. I understand that there are dangers of injury that could result from participating in this athletic program. I am also aware that the coaches, trainers and volunteers may not be able to individually supervise each child at every moment. I understand that by signing this waiver, I agree to give up the right to any lawsuit against the said club, any employee/contractor or agent thereof, or against any coach in the aforementioned activities for any damages for injuries suffered by my child or myself which occur in the course of or results from the aforementioned activities.

I, hereby state that I understand the Indiana Magic Soccer Club does not provide medical insurance in the event my child is injured. I understand such insurance is my responsibility to attain if so desired, or I assume this risk.

Signature of Parent/Guardian

Date