SOCCER SUCCESS PARTICIPANT REGISTRATION

Adult Participant/Parent Name:			Birth Date:
Address:	City:	State:	Zip:
Phone:	Alt. Phone (Emergency/C	ell Phone):	
Email address:	(your email add	ress is your Memb	per Login for schedules, etc.)
Minor Participant Name:	Sex:	_ Birth Date:	
Minor Participant Name:	Sex:	_ Birth Date:	
Minor Participant Name:	Sex:	_ Birth Date:	
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")			
IN CONSIDERATION of being permitted to participate in any way in Soccer Success, Inc., Sportsplex of St Charles LLC, activities ("Activities") I, for myself for personal representatives, assigns, heirs, and next of kin:			
INJURY, INCLUDING PERMANENT DISABILITY, PARA my own actions or inaction's, the actions or inaction place, or THE NEGLIGENCE OF THE "RELEASEES" N LOSSES either not known to me or not readily fores RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGE	nysical condition to participal immediately discontinue in RENA SPORTS ACTIVITIES ALYSIS, AND DEATH ("RISK n's of others participating in AMED BELOW; (c) there make able at this time; and I for the seable at the seable	ate in such Activity further participati INVOLVE RISKS A (S"); (b) these Rist the Activity, the ay be OTHER RISI FULLY ACCEPT AN y participation or E SOCCER SUCCE TS, and employees ivity takes place, AMAGES ON MY A R OTHERWISE, IN TROF LIABILITY, y of the Releasees rney fees, loss, lia ND THAT I HAVE O SSURANCE OF AN ST EXTENT ALLON	cies. I further agree and warrant that on in the Activity. AND DANGERS OF SERIOUS BODILY sks and dangers may be caused by condition in which the Activity takes K AND SOCIAL AND ECONOMIC DASSUME ALL SUCH RISKS AND ALL that of the minor in the Activity. ESS/SPORTSPLEX OF ST CHARLES, so, other participants, any sponsors, (each considered one of the CCOUNT CAUSED OR ALLEGED TO BE ICLUDING NEGLIGENT RESCUE ASSUMPTION OF RISK, AND SOLUTION O
Signature of Adult Participant:		Date:	
MINOR RELEASE			
AND I, THE MINOR'S PARENT AND/OR LEGAL GUAR CHARLES ACTIVITIES AND THE MINOR'S EXPERIEN HEALTH, AND IN PROPER PHYSICAL CONDITION TO NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVIDEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE DESPITE THIS RELEASE, I, THE MINOR, OR ANYON NAMED ABOVE, I WILL INDEMNITY, SAVE, AND HO ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR CO	CE AND CAPABILITIES AND PARTICIPATE IN SUCH ACE AND HOLD HARMLESS EAS ACCOUNT CAUSED OR ALE, INCLUDING NEGLIGENT IS ON THE MINOR'S BEHALF LD HARMLESS EACH OF THE ST ANY MAY INCUR AS THE	DELIEVE THE MITIVITY. I HEREBY CH OF THE RELE, LEGED TO BE CA RESCUE OPERATION MAKES A CLAIM E RELEASEES FRO E RESULT OF ANY	NOR TO BE QUALIFIED, IN GOOD RELEASE, DISCHARGE, COVENANT ASEE'S FROM ALL LIABILITY CLAIMS, USED IN WHOLE OR IN PART BY THE ON AND FURTHER AGREE THAT IF, AGAINST ANY OF THE RELEASEES DM ANY LITIGATION EXPENSES, SUCH CLAIM.
Signature of Parent/Guardian:		Date: _	

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