



Official Team Roster Form And Waiver / Release of Liability

Team Information:

Kick It ID Number (this is a new number in 2010)	Team Name	Age Division
Team Contact Person Name	Email Address for Team Contact Person	Phone (Home) for Team Contact Person
Phone (Daytime) for Team Contact Person	On-Site Phone Team Contact Person	Alternate Team Contact Person & Cell Phone

PLEASE READ BEFORE SIGNING!

In Consideration of being permitted to participate in any way with Just 4 Kicks, LLC, I, for myself and for personal representatives, assigns, heirs and next of kin: **Acknowledge**, agree, and represent that I understand the nature of the activities of Just 4 Kicks, LLC, and that I am qualified, in good health, and in proper physical condition to participate in such activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.

Fully understand that: (a) activities of Just 4 Kicks, LLC involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death (Risks); (b) these Risks and dangers may be caused by my own actions or inactions the actions or inactions of others participating in the activity, the condition in which the activity takes place, or the negligence of the "Releasees" named below; (c) there may be other risk and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all the responsibility for losses and costs, and damages I incur as a result of my participation or that of the minor in the activity.

Hereby release, discharge, and covenant not to sue Just 4 Kicks, LLC, and/or Just 4 Kicks, LLC's administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owner and lessors of the premises on which the activities take place, each considered one of the "Releasees" herein.

FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this release and waiver of liability assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damages, or cost which may incur as the result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

MINOR RELEASE:
I, the Minor's parent or legal guardian, understand the nature of the activities of Just 4 Kicks, LLC and the minor's experience and capabilities and believe the minor to be qualified, in good health and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the Releasees from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operation and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the Releasees named above, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as a result of any such claim.

**Players may sign if over the age of 18.

Player's Full Name (Please Print)	Date of Birth	Email Address	Cell Phone Number	Signature of Player/Parent/Guardian **
1	--- / --- / ----		()	I have read and I understand
2	--- / --- / ----		()	I have read and I understand
3	--- / --- / ----		()	I have read and I understand
4	--- / --- / ----		()	I have read and I understand
5	--- / --- / ----		()	I have read and I understand
6	--- / --- / ----		()	I have read and I understand

TEAM CONTACT/COACH'S VERIFICATION: This is to certify that this roster does not include any assumed carries and that each player conforms to eligibility rule

COACH / TEAM CONTACT PERSON SIGNATURE	DATE	PRINT NAME
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OFFICE USE ONLY:
RECEIVED BY: _____ DATE: _____