AGREEMENT TO PARTICIPATE IN THE CAPITOL DISTRICT "OVER 30" SOCCER LEAGUE-SPRING AND FALL **SEASON** 2010

	2010	
understand that t spinal injury, par	is inherently dangerous activity the dangers and risks of partici	us injury and/or impairment to
Officers, Division team Coordinato Soccer League an tournaments, trav of personal injury	Coordinator, Division Registrates) permitting me to participate d to engage in its activities, while vel, or other League sponsored y or death associated with such	de but are not limited to League ars, the Referee Coordinator, and in the Capitol District "Over 30" ich may include practice, games, events, I voluntarily assume all risk participation. I understand that I conal health, accident, and liability
limited to League Coordinator, and District "Over 30 practice, games, agree to waive an death associated	Officers, Division Coordinator team Coordinators) permitting "Soccer League and to engage tournaments, travel, or other L y and all claims I may otherwis	nizers (who include but are not , Division Registrars, the Referee g me to participate in the Capitol in its activities, which may include league sponsored events, I hereby se have had for personal injury or ing claims arising from negligence) ere League activities occur.
I have careful	y read this document and unde	erstand its contents.
DATE	NAME (print)	SIGNATURE
	ADDRESS	BIRTHDATE
HOME TE	LEPHONE	WORK TELEPHONE
I hereby verify to t	he Division Registrar that this cor	npleted form was submitted to me by

the player whose signature appears above._

SIGNATURE OF TEAM COORDINATOR DATE