Akron Premier League

"Minor (Under 18) Release of Liability Agreement"

Please read the waiver carefully and sign below. It is understood that this form will have been reviewed and acknowledged with each payer's registration on the APL website. The digital acknowledgement during APL player registration has the same force, legitimacy, and effect as physically signing this liability waiver.

irst Name (Printed):	-
ast Name (Printed):	
PL Team Name:	-
mail:	

The Akron Premier League (APL) Assumption and Acknowledgement of Risks and Release of Liability Agreement:

In consideration of being allowed to participate in any way for the The Akron Premier League (APL), Its Affiliates, Leagues, and Member Teams, its related events and activities, the undersigned, acknowledges, appreciates, and agrees that: 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, 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; and, 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, 1 will bring such to the attention of the nearest official immediately; and 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the The Akron Premier League (APL), Its Affiliates, Leagues and Member Teams, their



officers, officials, agents and/or employees, other participants sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, 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. I ALSO STATE THAT I AM NOT YET 18 YEARS OF AGE OR ABOVE AND THAT MY PARENT OR GAURDIAN IS FULLY AWARE OF AND AGREES WITH MY PARTICIPATION IN THE AKRON PREMIER LEAGUE (APL).

Signature (Minor Player):	 	
Date:	 	
Signature (Parent or Guardian):	 	
Date:		



UNDER-18 LIABILITY WAIVER

(to be completed by a parent or legal guardian of the participant of minor age at the time of registration.)

This is to certify that I, ______ parent/guardian, with legal responsibility for this participant, ____, as

______, do consent and agree to his/her release as provided below of the releases, 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 liabilities incident to my minor child's involvement or participation in these programs as provided below (Section D), even if ARISING FROM THE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW.

Name of Parent or Legal Guardian: (*Please print*)

Emergency Phone Number:

Address: _____

City, State and Zip Code: _____

SECTION C: By signing this waiver, I agree to abide by the laws and rules of the game of soccer as promulgated by the Federation Internationale de Football Association (FIFA), the United States Soccer Federation (USSF), the United States Adult Soccer Association (USASA), The Akron Premier League and any properly affiliated and associated leagues, clubs and teams which may sanction a competition in competition in which I choose to participate. I further agree that failure to abide by these laws and rules may result in the revocation of the right to play granted by the acceptance of this waiver. I acknowledge that I assume the risk for any personal injury I sustain before, during or after a game and/or practice, and I will not hold liable any team, club, league, State Association, the USSF or FIFA. *I, THE UNDERSIGNED, HEREBY*

ACKNOWLEDGE THAT I HAVE READ SECTIONS C AND D, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND SIGN IT VOLUNTARILY. I KNOWINGLY ASSUME THE RISKS.

SECTION D: WAIVER AND RELEASE OF LIABILITY (ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT)

In consideration for being allowed to participate in any way in The Akron Premier League., USASA, USSF, it's Affiliates, Associates, Leagues and Member Clubs/Teams, its related events and activities, the afore-signed acknowledges, appreciates and agrees that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist, and

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

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



4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE UNITED STATES SOCCER FEDERATION, UNITED STATES ADULT SOCCER ASSOCIATION, THE AKRON PREMIER LEAGUE, its affiliates, associates, leagues and member clubs/teams, their officers, agents and/or employees, other sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

5. Soccer is a contact sport involving risk of serious injury, disability, or death. Not all risks are foreseeable. In consideration of being allowed to participate, I agree to release, waive, and covenant not to sue the United States Soccer Federation, United States Adult Soccer Association, The Akron Premier League or their affiliates on account of injury, death or property damage alleged to be caused in whole or part by affiliates' actions or omissions. (Your signature on this form acknowledges your understanding and acceptance of this agreement)

6. This waiver is valid for the period starting from registration date without end as long as the player continues to play in the Akron Premier League. This agreement will transition into the Akron Premier League "Adult (Over 18) Release of Liability Agreement" once the player turns 18 years of age. It is understood that once the registration fee has been paid, this registration is non-transferable and refunds or partial refunds are not given. Your registration fee pays for the player pass which entitles you to play for a designated team until the end of that year's playing season, whether you play in all, one or no games.

NOTICE: This waiver is to obtain a registration card (player pass) for adult soccer in Ohio for the period starting from your registration date until the end of the calendar year. Registration applications are automatically accepted unless your previous record of play suggests repeated failure to abide by the rules of the game and the Association and its Affiliates or Leagues, in which case additional information may be needed or registration may be denied. THE TEAM FOR WHICH YOU ARE REGISTERED IS AFFILIATED WITH THE AKRON PREMIER LEAGUE. YOU MUST BE REGISTERED AND THE TEAM MUST HAVE APPROVED YOU ON THEIR ROSTER PRIOR TO YOUR BEING ELIGIBLE TO PLAY IN ANY GAME WITHIN THIS ASSOCIATION. PLAYING ILLEGALLY WILL RESULT IN SANCTIONS AGAINST THE TEAM AND/OR PLAYER

Signature of Parent or Legal Guardian: _____

Date: _____

Player's Name: _____

Signature: Date: ______ AFFILIATED WITH THE AKRON PREMIER LEAGUE

