



# Diving Header Soccer, LLC

## PLAYER PARTICIPATION & WAIVER FORM

Team Name: \_\_\_\_\_

Coach: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**Release and Indemnity. READ CAREFULLY BEFORE SIGNING. This form MUST be signed by every athlete and legal guardian (if under the age of 21). Players and/or Teams will not be allowed to compete unless this waiver is completed and/or matches the roster! No exceptions will be allowed.** In consideration of my, or my child or ward's (collectively, "Participant"), participation in the Event, I agree to assume the risks incidental to such participation and use (which risks may include, among other things, muscle injuries and broken bones). I acknowledge that I have or will inspect the facilities and equipment to be utilized in conjunction with the Event and, if I believe any unsafe condition exists, I will immediately advise an Event official of such condition. On Participant's behalf, and on behalf of Participant's heirs, executors, administrators, successors, assigns and next of kin, I hereby release, covenant not to sue, and forever discharge, Diving Header Soccer, LLC, and all Event sponsors, organizers, or charities, and each of their parent, related and affiliated companies, and the officers, directors, employees, agents, Board of Supervisors, representatives, successors, and assigns of each of the foregoing entities (collectively, the "Released Parties"), of and from all liabilities, claims, actions, damages, costs, or expenses of any nature arising out of or in any way connected with Participant's participation in such activities, and further agree to indemnify and hold each of the Released Parties harmless against any and all such liabilities, claims, actions, damages, costs, or expenses including, but not limited to, all attorney's fees and disbursements up through and including any appeal. I understand that this Release and Indemnity Agreement includes any claims based on the negligence, action or inaction of any of the above Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by Participant either before or after such participation. I declare that Participant is physically fit and have the skill level required to participate in this particular Event. I further authorize medical treatment for Participant, at my cost, if the need arises. I also understand that Participant may be required to leave the Event venue should Participant exhibit undesirable conduct. I further grant the Released Parties the right to photograph and/or videotape Participant and further to display, use and/or otherwise exploit Participant's name, face, likeness, voice, and appearance forever and throughout the world. The Released Parties are, however, under no obligation to exercise said rights herein granted. This Player Participation and Waiver Form shall be governed by the substantive laws of the State of Mississippi. Any legal action relating to or arising out of this Player Participation and Waiver Form shall be commenced exclusively in a state or federal court in Pascagoula, Mississippi, and I specifically waive the right to trial by jury. I certify I am 21 years of age or older and if I am executing this Player Participation and Waiver Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and accurate. **I, THE UNDERSIGNED PARTICIPANT, HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO TERMS CONTAINED HEREIN.**

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

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Name: \_\_\_\_\_ DOB \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_