Player's waiver and release of liability

Please print: Today's date_____/_____/_____

First Name_____Last Name_____D.O.B Mo.____/Day____/Yr._____

Parent or Guardian Name (If player is under 18 yrs)_____Parent's D.O.B._____

Address_____City_____State_____Zip_____

Home Phone: ( )_____Cell Phone ( )_____

e-mail:_____Circle one: Male / Female (of participant)

I (parent or guardian if applicable) hereby give my consent and agree to release, indemnify, and hold harmless NV Sports Events and all personnel including referees, staff management, scorekeeper and owners from any claim arising from personal injury or property damage to the named individual. I understand that NV Sports Events does not carry insurance to cover participants in the activity of which I am registered. I understand the hardness of the playing surfaces and dasher-boards, and the roughness of the sport. I grant NV Sports Events the right to photograph or video the players in participation in soccer activities, and to use the photographs or video in future brochures and, or commercials.

GUARANTEE OF COMPLIANCE TO NV SPORTS RULE
In the event of any dispute arising between the undersigned agrees to abide with all NV Sports rules, policies, and Officials. NV Sports reserves the right to impose restrictions and or penalties as a result of noncompliance with rules and policies. Copies of the rules and policies are available at the request of the undersigned in the office of NV Sports Events.

EMERGENCY AUTHORIZATION
I (parent or guardian of the participant, if a minor), do hereby authorize the coaches, assistants, staff or parents of team members to act in capacity of activity supervisors as agents for the undersigned to consent to medical, surgical, or dental examination or treatment, etc… in case of emergency. I hereby authorize treatment and, or care of registered player in any hospital and by medical physician. If there is an emergency and I cannot be reached, please contact the following emergency name and phone number, (family, friend or neighbor).

In case of emergency contact_____Phone ( )_____

Family Doctor_____Phone ( )_____

Health Insurance Co. Name_____Policy#_____

Authorization of Emergency Care, Acknowledgement of Disclaimer, and Guarantee of Compliance of Rules of Las Vegas Indoor Soccer Inc.

Please read all of the above before you sign

Signature of Player (if 18 or older)_____Date _____

Signature of Parent (if player is under 18 years)_____