

El Sol de Nevada

Soccer League INC

DIVISION(S): _____

PLAYER'S NAME: _____

TEAM NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

EMAIL: _____

I hereby certify that myself, spouse or child is in good health and capable of safe participation for this tournament. EL SOL DE NEVADA SOCCER LEAGUE INC AND DBAs carry no insurance for players, coaches, spectators or game officials. The Emergency Medical Service will be called for all medical emergencies. Individuals are responsible for all charges resulting from a medical emergency. The risk of injury to myself, spouse, child from the activities involved in the tournament is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, serious injury does exist. I understand that if I register myself, spouse, child on a team older than the division he/she belongs to I assume all responsibility.

I myself, spouse, child and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE OTHER PARTICIPANTS, EL SOL DE NEVADA SOCCER LEAGUE INC, EL SOL DE NEVADA LLC, FUTSOL SPORTS ARENA, EL SOL DE NEVADA SOCCER LEAGUE, WASHOE COUNTY SCHOOL DISTRICT, ANYEMPLOYEE, AGENT, REPRESENTATIVE, STAFF, REFEREE, OWNERS AND LESSORS OF PREMISES used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY INCIDENT to myself, spouse, child's involvement or participation in this tournament. Whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. I refuse the right to any and all claims, suits, losses or damages against the releasees.

PARENT/PLAYER SIGNATURE PRINTED NAME DATE

By signing this registration form I certify that I have read all the online rules and willingly accept these.

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