



**ASSUMPTION AND ACKNOWLEDGMENT OF RISKS
AND
RELEASE OF LIABILITY AGREEMENT**

In consideration of being allowed to participate in any way for the 2022 Greater Akron Soccer Celebration, Its Affiliates, Leagues, and Member Teams, its related events and activities, the undersigned, acknowledges, appreciates, and agrees that:

1. The risk of injury or illness from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, field conditions, and personal discipline may reduce this risk, the risk of serious injury or illness does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF INJURY OR ILLNESS, both known and unknown to me at the time of this agreement, 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, 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 Adult Soccer Association, Inc., the Ohio Soccer Association, Greater Akron Amateur Soccer Association, Akron Premier League, Northeast Ohio Amateur Soccer Association, the City of Akron, Copley Soccer Road Complex, Community Health Care, and all referee officials and assignors, 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.

TEAM's NAME: _____

MANAGER NAME: _____ Cell Phone: _____

Manager's Signature: _____ Date: _____

Center Referee Name: _____ Signature: _____ Date: _____

AR1 Referee Name: _____ Signature: _____ Date: _____

AR2 Referee Name: _____ Signature: _____ Date: _____

Team Managers shall report to the Check-in Tent to report the results of each game.



TEAM ROSTER

TEAM NAME: _____ MANAGER: _____

	Full Name (Print)	Age	D.O.B.	Signature
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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.