



Dublin United

SOCCER LEAGUE

Dublin United Soccer League Non-Registered Participant Waiver

Participant's Name _____ Birth Date _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Contact Phone Number (_____) _____

Mother's Name _____ Contact Phone Number (_____) _____

Allergies _____ Other Medical Conditions _____

Physician _____ Contact Phone Number (_____) _____

WAIVER, RELEASE, COVENANT NOT TO SUE & INDEMNITY AGREEMENT

I understand and accept that there are risks involved in participating in any recreational activity. I am aware of those risks, and I am voluntarily participating in this activity with knowledge of the risks involved. I agree to accept any and all such risks of injury, death and/or property damage. I agree to the terms of this waiver, release, covenant not to sue and indemnity agreement as set forth herein. In case of injury or illness, I give my consent to emergency transportation and the administration of first aid, medical and/or dental treatment. I accept responsibility for the payment of any emergency transportation, treatment expenses and any related or subsequent medical and/or dental bills. I acknowledge Dublin United Soccer League ("Dublin United") has not purchased and does not provide any medical or accident insurance to cover such expenses of non-Dublin United registered participants. Any such insurance is my responsibility.

I waive, release, absolve indemnify and agree to hold harmless Dublin United, its members, officers, directors, employees, volunteers, agents or any other representative of Dublin United against any and all causes of action, claims, demands, losses, expenses, ability. In addition, I understand that my conduct, if deemed inconsistent with the rules of good sportsmanship and fair play, may result in my expulsion from this event.

I have fully read this document, understand its meaning and legal impact thereof. I voluntarily, of my own free will and without distress or coercion sign this waiver, release, covenant not to sue and indemnity agreement.

Parent/Guardian Signature: _____

Date: _____ Event: _____