



Cascade Indoor Soccer Center, LLC

WAIVER OF INJURY/LIABILITY RELEASE (ADULT)

I understand that Cascade Indoor Soccer Center, LLC ("CISC") is furnishing only the opportunity to use an indoor athletic facility and hereby agree to release, indemnify and hold harmless CISC and all personnel, including, but not limited to, officials, staff, landlords, representatives and owners from any claim arising out of any injury, permanent injury or death to myself. I understand the rules of the game and facility, the hardness of the playing surfaces, dasher boards and tempered glass, the different and unique playing characteristics of artificial turf versus grass, and the roughness of the sport. I will play under control within the rules of the game and to the best of my ability will avoid causing injury to myself and other persons using the facility. I grant CISC the right to video tape and/or photograph my participation in activities and to use the pictures in future brochures. I, in the event that I am injured, do hereby authorize treatment and/or care in ANY hospital and by ANY licensed medical doctor or dentist.

Player's Name:

Male: _____ Female: _____ Date of Birth: _____

Player's Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address:

Work #: _____ Home #: _____ Cell #: _____

IF THERE IS AN EMERGENCY PLEASE CONTACT:

Name _____ Relationship _____

Phone # _____ Phone # _____

Allergies _____

Office Use Only:

Player Card # _____ Date _____

Paid _____ Initials _____