



**Cascade Indoor Soccer Center, LLC
WAIVER OF INJURY/LIABILITY RELEASE (MINOR)**

I/we (parents or guardian) understand that Cascade Indoor Soccer Center, LLC (“CISC”) is furnishing only the opportunity to use an indoor athletic facility and hereby give my/our consent and 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 the named individual. 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. My child will play under control within the rules of the game and to the best of his/her ability will avoid causing injury to himself/herself and other persons using the facility. I grant CISC the right to video tape and/or photograph the player’s participation in activities and to use the pictures in future brochures. This waiver shall be effective until and unless revoked by parent/guardian or the named individual upon the attainment of 18 years of age.

I/we the undersigned, parents or guardian of the named individual, a minor, do hereby authorize the coaches, assistants, staff, officials or parents of the team members acting in capacity of activity supervisors, as Agents for the undersigned, to consent, in my/our absence, to medical, surgical, or dental examination and treatment of the named individual. In case of emergency, I/we hereby authorize treatment and/or care of the named individual in ANY hospital and by ANY licensed medical doctor or dentist.

Player’s Name:

Male: _____ Female: _____ Childs Date of Birth: _____

Parents Signature: _____ **Date:** _____

Father’s Name _____ Mother’s Name _____

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 _____