

**ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS & RELEASE OF LIABILITY AGREEMENT**

In consideration of participation in any way for the Iowa City Kickers Adult League, its parent club the Iowa City Kickers Soccer Club, Inc, its affiliates and member teams, its related events and activities, the undersigned, acknowledge, appreciate and agree that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
- 3) I, for myself and on behalf of my heirs, personal representatives and next of kin HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS, the Iowa City Kickers Soccer Club, Inc, its affiliates, and member teams, their officers, officials, agents and/or employees, other participants, sponsors, advertisers, and the city of Iowa City as owners of premises (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damages to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

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 Information** (use additional sheets if necessary)

<b>TEAM NAME:</b>	<input type="checkbox"/> 7's LEAGUE <input type="checkbox"/> Womens	<b>MANAGER'S NAME:</b>	
<b>MGR ADDRESS:</b>		<b>EMAIL ADDRESS:</b>	
<b>CITY:</b>	<b>ZIP:</b>	<b>HOME PHONE:</b>	<b>CELL PHONE:</b>

**Team Roster & Release (complete all sections of this form)**

#	Print your name	Email address	Phone number	Age	Signature	Date
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