

2018 – 2019 Winter Futsal League

Indiana County Football Club

Sundays  
November – March  
10am-3pm



Waiver of Liability

I, and/or guardian, if under 18 years of age, hereby agree and acknowledge, on behalf of myself, my heirs, executors, administrator, successors and assigns, that I agree to indemnify and save and hold harmless the Indiana County Football Club, Inc., and their respective affiliates, S&T Bank Arena, their affiliates respective members, managers, directors, agents, officers, volunteers, and employees, other participants, league organizers, any sponsors, advertisers, and owners and lessors of premises on which the Tournament takes place, (each considered one of the "leases" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or part by the negligence of the leases or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the leases, I will indemnify, save, and hold harmless each of the leases from any litigation expenses, attorney's fees, loss, liability, damage, or cost which any may incur: (i) as the result of such claim, and (ii) as a result of any claim asserted against any of the leases arising out of any conduct of mine alleged to have been negligent, improper, or unlawful. I understand the nature of soccer activities and believe to be qualified to participate in such activity. I have read the foregoing provisions and agree to them.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ (Parent's Signature if participant is under 18)

Date \_\_\_\_\_

(NOTE: By signing, you acknowledge that you have read and agree to the conditions explained in the waiver stated on the top of this form.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Emergency Contact ( ) \_\_\_\_\_ --- \_\_\_\_\_