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**Release of Liability-Read Before Signing**

In consideration of being allowed to participate in any way for The **United States Adult Soccer Association (USASA)** and its member national affiliates, leagues and teams: **Vermont Amateur Soccer LLC or Vermont Amateur Soccer Premiership (VASP**) it’s related events, and activities, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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 skills, equipment, and personal discipline may reduce risk. The risk of serious injury does exist and,**
2. **I knowingly and freely assume all such risks, both known and unknown even of arising from the negligence of the releasees or others and assume full responsibility for my participation, and**
3. **I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation. I will remove myself from participation and bring such to the attention of the COMPANY immediately: and,**
4. **I, for myself and behalf of my heirs assigns, personal representatives and next of kin. *Hereby release, indemnify, and hold harmless The United States Adult Soccer Association (USASA) and its member national affiliates, leagues, and teams: Vermont Armature Soccer LLC or Vermont Amateur Soccer Premiership (VASP) their officers, officials, agents, and/or employees. Or other participants, sponsoring agencies, sponsors, advertisers, and if applicable; owners, and lessor’s pf any premises used for the activity. (Releasees) will respect to any and all injury, disability, death, or loss, or damage to person or property associated, weather arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law***

***I have read this release of liability and assumption of risk agreement. Fully understand its terms, understand that I have given up any substantial rights by signing it, and sign it freely and voluntarily without any inducement.***

***NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature of parent or guardian if under 18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***