LONG ISLAND LADIES SOCCER LEAGUE

Orignal ☐ ☐ Late SEASON _____ YEAR _____

TEAM NAME _____ NAME OF PLAYING FIELD _____ TOWN _____

TEAM REP ADDRESS TOWN ZIP PHONE DAY / NIGHT E-MAIL

TEAM REP ADDRESS TOWN ZIP PHONE DAY / NIGHT E-MAIL

I acknowledge and fully understand that I will be engaging in activities that involve the risk of serious injury, including permanent disability or even death, severe social and economic losses that might result not only from my own actions but from others. I assume all the foregoing risks and accept personal responsibility for the damages following injury, disability or death. By signing this I hereby release, waive, discharge and covenant not to sue Long Island Ladies Soccer League, N.Y.A.S.A. its affiliated clubs, administrators. I also release owners or lessors of premises used to conduct the event, all of which are released. I HAVE READ THE ABOVE WAIVER AND RELEASE AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT.

	NAMES ALPHABETICALLY	PASS ID. #	STREET ADDRESS	TOWN	ZIP CODE	BIRTHDAY	PHONE	SIGNATURE
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