**Hub City TOPSOCCER**

**Affiliated with Hub City Soccer Club**

# Waiver of Liability

Hub City TOPSoccer (HCTS)/Hub City Soccer Club (HCSC) requires that every player (or legal guardian) must read and personally hand sign this Waiver and Release of Liability form. The player/guardian signature on this form signifies that the player/guardian has read, understands, abides by, and agrees to the information below.

In consideration of being permitted to participate in HCTS/HCSC events, I agree for myself, my personal representatives, assigns, heirs, and next of kin:

1. I hereby apply to register or re‐register as a soccer player with the HCTS/HCSC.
2. I understand that the HCTS/HCSC‐affiliated leagues and events, HCTS itself and HCSC all have rules that are applicable to me as a soccer player registered with HCTS/HCSC. I agree to abide by all of these rules.
3. Acknowledge, agree, and represent that I understand the nature of soccer activities and that I am able to participate in soccer activities;
4. Participation in the event (including all league and/or event activities) carries with it the potential for death, serious injury, or property loss. I expressly assume that risks of participating in the event with full understanding of such potential risks.
5. I understand the risk associated with Covid-19 or any other communicable diseases, and I am willingly participating understanding and assuming those risks.
6. Agree to maintain my own medical, disability, and life insurance sufficient, in my determination, to cover any expenses and damages that I and my family may incur, including loss of income, arising from possible injury, disability, or death;
7. Expressly waive, release, and discharge HCTS/HCSC and sporting event venue from any and all claims, costs, expenses, or liabilities including those involving death, personal injury, or property damage, arising out of or relating to my participation in the Event and other services (“Claims”), excepting only Claims arising solely from the gross negligence or willful misconduct of HCTS/HCSC;
8. Agrees not to sue HCTS/HCSC or any league/club officials for any Claims;
9. Indemnify, defend, protect, and hold harmless HCTS/HCSC and sporting event venue from any Claims;
10. Agree to knowingly and voluntarily allow HCTS/HCSC to film or photograph (“Recordings”) the Event and related events and activities connected with HCTS/HCSC and that HCTS/HCSC has the right but not the duty to use my voice, likeness, and/or biological information (collectively “Likeness”) in the recordings perpetuity without any compensation, recordings to edit or modify the recordings. I acknowledge that the recordings are the sole and exclusive property of HCTS/HCSC which is entitled to all rights of ownership and all rights of copyright in and to the recording and productions; with HCTS/HCSC owning all of the results and proceeds thereof, in all media, in all perpetuity; and
11. Agree to execute such additional waiver and release as sporting event venue may reasonably require.

Ignorance of this League/Event will not be tolerated as an excuse for breaking the said Laws and Rules of League/Event.

All players upon entering this League agree that they will abide by the rules of Hub City TOPSoccer, Hub City Soccer Club, and its affiliated organizations and sponsors.

**I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS**

**BY SIGNING IT AND HAVE FREELY AND WITHOUT ANY INDUCEMENT OR ASSUARNCE OF ANY NATURE AND INTENT IT TO BE A COMPLETE AND UNCONDITIION RELASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTHWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.**

Signature of player/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Player’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Guardian’s Name (as applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_